

<b>Case Number:</b>	CM14-0129378		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	12/20/2005
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old male who reported injury on 12/20/2005. The mechanism of injury was the injured worker and a student was trying to move an 800 pound piece of new equipment. Prior therapies and treatments included epidurals, physical therapy, nerve ablation, Pilates exercise, and chiropractic care. The injured worker underwent an MRI of the lumbar spine on 04/01/2014 which revealed a prominent a lumbar spondylosis with multilevel disc degeneration and narrowing with vertebral body osteophytosis and prominent facet arthropathy. There was estimated severe compromise of the central canal at L2-3 from disc bulge, facet arthropathy and hypertrophic ligamentum flavum. The estimated mild narrowing of the central canal was seen at L1-2 and L3-4. There was a combination of lateral disc bulging and bone spurring causing severe compromise of the bilateral neural foramina at L5-S1. There was moderate compromise of the right neural foramen at L4-5 and on the left at L2-3 and L3-4. The injured worker underwent x-rays of the lumbar spine on 05/21/2014 which revealed severe degeneration at all disc levels with severe narrowing of the nerve root canals. The lateral view showed normal sagittal alignment. Flexion extension views showed no pattern of instability. The impression included disc degeneration at multiple levels with 15.9 degrees of scoliosis between L1 and L4 with convexity to the right. There was mild elevation of the left hemi pelvis. The documentation of 05/21/2014 revealed the injured worker had seen several surgeons and was being managed by a pain management physician. The injured worker was taking Suboxone 16-20 mg per day. The injured worker indicated it did not help him. The injured worker had associated numbness and tingling down his left leg and weakness in the right leg. The injured worker was noted to have difficulty walking up and down stairs. Coughing and sneezing makes his pain worse. On physical examination, the injured worker was able to walk on his heels and toes with mild difficulty. The injured worker could forward flex touching his hands to his knees.

The sensory and motor examinations were intact. The injured worker had an absent right knee jerk. There was no request for authorization submitted for review. The documentation of 08/07/2014 revealed the injured worker had ongoing severe back pain with pain radiating down both legs. The documentation indicated the injured worker was in need of decompressed surgery at L2-3, L3-4, L4-5, and L5-S1. The documentation indicated the authorization was for surgery at L2-3 and L3-4. There was no documented rationale for the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**TR255603 In-patient hospital stay for three to five days quantity: 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay (LOS)

**Decision rationale:** The Official Disability Guidelines recommend a best practice target of 1 day length of stay for laminectomy and decompression. The median number of days is 2. This request would be supported for 2 days, if the surgical intervention was approved. The request as submitted failed to indicate what the following meant, "TR255603". As such, there could be no establishment of the quantity of days without clarification. Given the above, the request for TR255603 inpatient hospital stay for 3 to 5 days, quantity 5, is not medically necessary.