

Case Number:	CM14-0136911		
Date Assigned:	09/03/2014	Date of Injury:	03/05/2012
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 Surgery and is licensed to practice in California. 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 claimant is a 55-year-old gentleman who sustained a low back injury on 03/05/12. The medical records provided for review documented that, following a course of conservative care, the claimant underwent an L5-S1 anterior lumbar fusion in September, 2012, but remained symptomatic after surgery. The report from the 08/06/14 assessment documented that the claimant had increased complaints of pain in the low back and bilateral lower extremities. Physical examination showed 2/5 weakness of the low left dorsal flexors and diminished Achilles reflex. Reviewed at that time was an MRI report of 8/4/14 showing prior fusion changes with soft tissue enhancement at L5-S1 resulting in impingement of the exiting left L5 nerve root. There was evidence of an L4-L5 disc protrusion and neural foramina stenosis. The recommendation was made for an L4-L5 interbody fusion with instrumentation. The Utilization review determination dated 08/19/14 did not authorize the request for surgery. This review is for a four-day inpatient length of stay following the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INPATIENT 4 DAYS AT [REDACTED] HOSPITAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Procedure, Hospital Length of Stay (LOS) Guidelines

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The request for a four day inpatient stay is not recommended as medically necessary based upon the Official Disability Guidelines as they recommend a three day inpatient stay for the proposed surgery. Based on review of the medical records and the determination by the 08/19/14 Utilization Review, the proposed surgery has not been recommended as medically necessary. Therefore, the request for a four day inpatient stay would also not be medically necessary.