

<b>Case Number:</b>	CM14-0090755		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 51-year-old male with a 3/1/13 date of injury. He was moving a box from the top rack that was 6 feet tall, when he injured his lower back. MRI of the lumbar spine on 12/17/13 showed a right paracentral disc extrusion measuring 6 mm with displacement of the right L5 nerve root. An EMG/NCS on 2/5/14 showed no evidence of entrapment or neuropathy. On 4/30/14, the patient had low back pain which radiated to his right foot and toes. A physical exam showed a positive SLR on right at 40 degrees with no motor or reflex changes. He had decreased lumbar ROM. Diagnostic Impression: Lumbar Disc Herniation. Treatment to date: medication management, physical therapy, acupuncture, activity modification. A UR decision dated 5/27/14 denied the request for a 1-3 day inpatient stay. The patient has been certified for an outpatient microdiscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1-3 inpatient hospital stay post a right L4-5 microdiscectomy:** 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), 2014, Low Back- Hospital length of stay (LOS).

**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.

**Decision rationale:** The California MTUS does not address this issue; however, the Official Disability Guidelines recommend outpatient management for discectomy. This patient has been certified for a L4-5 microdiscectomy. However, there is no rationale provided as to why this patient needs inpatient hospitalized despite lack of guideline support. He is documented to have no co-morbidities that would put the patient at risk during outpatient surgery. Therefore, the request for 1-3 Inpatient Hospital Stay post a right L4-5 microdiscectomy was not medically necessary.