

Case Number:	CM14-0094793		
Date Assigned:	07/25/2014	Date of Injury:	12/12/2011
Decision Date:	10/14/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 56-year-old female who reported an injury on 12/12/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included status post lumbar laminectomy, lumbar fusion, cardiac murmur, atypical chest pain, and hypertension. Within the clinical note, previous treatments included medication and surgery. The diagnostic testing included an MRI. Within the clinical note dated 05/04/2014, it was reported the injured worker complained of lightheadedness. The injured worker reported having back pain under control. Upon the physical examination, the provider noted the injured worker to be status post lumbar fusion, laminectomy on 05/01/2014. The injured worker was alert and oriented. The injured worker had no bilateral lower extremity edema. The provider noted the injured worker had lightheadedness upon standing up secondary to deconditioning. The request submitted is for a 6 day inpatient stay. However, the rationale is not submitted for clinical review. The request for authorization is not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective six day in-patient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hospital length of stay: discectomy

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, Hospital Length of stay.

Decision rationale: The Official Disability Guidelines recommend the median length of stay based on the type of surgery or best practice target length of stay for cases with no complications. The guidelines note for a laminectomy and lumbar fusion they recommend a 4 day stay. The request submitted exceeds the number of days recommended by the guidelines. There is no documentation of perioperative complications. Therefore, the request of retrospective six day in-patient stay is not medically necessary and appropriate.