

<b>Case Number:</b>	CM14-0095039		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Spine Surgeon 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 48 year old female with a reported date of injury on 05/04/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include L4-5 and L5-S1 discogenic pain and status post right shoulder arthroscopic subacromial decompression with Mumford procedure, left shoulder impingement syndrome with acromioclavicular joint pain, right greater than left knee strain with medial mechanical symptomology, right elbow strain, depression, and chronic pain syndrome. Her previous treatments were noted to include functional restoration program. Progress note, dated 04/18/2014, revealed complaints of pain to the right shoulder and low back. The injured worker reported she did not have nearly the radiation to her lower extremities that she had in the past. The injured worker rated her low back pain at 10/10 and right shoulder pain at 6/10. The physical examination of the lumbar spine revealed paraspinals with tenderness as well as spasm to palpation. The lumbar spine range of motion was noted to be diminished, and the motor examination by manual muscle testing was normal in lower extremities. There were mild sensory deficits that involved the lower extremities. The deep tendon reflexes were equal and symmetric. The provider indicated the injured worker needed surgery in the form of fusion at L4-5 and L5-S1. The progress note, dated 06/27/2014, revealed complaints of pain to the right shoulder rated 8/10. The low back pain was at L4-S that was rated 10/10. The physical examination revealed paraspinal tenderness as well as spasm to palpation. There was no sign of spinal instability. The provider indicated he was continuing to await authorization for the injured worker's lumbar surgery in the form of an L4-S1 fusion. The Request for Authorization dated 04/18/2014 was for a 2-day hospital stay for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Day Inpatient Hospital 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

**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 request for 2 Day Inpatient Hospital Stay is not medically necessary. The injured worker was waiting for approval for fusion surgery. The guidelines recommend the medium length of stay based on any type of surgery, or best practice target length of stay for cases with no complications. The guidelines recommend for anterior lumbar fusion a median 3 days. The most recent progress note indicated the injured worker and provider were awaiting authorization for surgery, and, therefore, until authorization is received, a 2 day inpatient hospital stay is not appropriate. Therefore, the request is not medically necessary.