

Case Number:	CM13-0058468		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2000
Decision Date:	03/31/2015	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old male with an industrial injury dated 01/03/00. The 9/3/13 lumbar MRI impression documented multilevel degenerative disc disease, facet hypertrophy, and ligamentum flavum thickening. Findings were most severe at L3/4 and L4/5 where there is severe central spinal stenosis and severe narrowing of the bilateral lateral recesses. The 10/30/13 treating physician report cited persistent back pain radiating to both legs. He was unable to ambulate any distance and his activities of daily living were affected. Physical exam noted weakness in dorsiflexion and plantar flexion on the right, and decreased L4 and L5 dermatomal sensation, right greater than left. The MRI showed severe stenosis L3-L5 and moderate stenosis at L5/S1. The diagnosis was L3-S1 stenosis and bilateral lumbar radiculopathy. The provider requested decompression of the lumbar spine at L3-S1. The 11/11/13 utilization review certified the surgical request and modified the request for inpatient stay for 1-2 days for decompression of the lumbar spine at L3-S1 to inpatient stay for 1 day. MTUS/ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) - TWO (2) DAY INPATIENT STAY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hospital length of stay (LOS) guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Hospital length of stay (LOS)

Decision rationale: The California MTUS guidelines do not provide recommendations for hospital length of stay (LOS). The Official Disability Guidelines recommend the median LOS based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for lumbar laminectomy is 1 day. The 11/11/13 utilization review modified the request for 1 to 2 days length of stay, certifying 1 day. There is a reasonable and compelling documentation to support the medical necessity beyond guideline recommendations, as this is a multilevel spinal decompression for stenosis. Excessive pain and risks are plausibly associated with same, supporting the request. Therefore, this request is medically necessary.