

Case Number:	CM14-0161224		
Date Assigned:	10/06/2014	Date of Injury:	06/06/2013
Decision Date:	03/18/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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: New York, New Hampshire, Washington
 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 57-year-old male, with a reported date of injury of 06/06/2013. The diagnoses include cervicobrachial syndrome, complete rotator cuff rupture, lumbar sprain/strain, L5-S1 stenosis, lumbar radiculitis, lumbar degenerative disc disease, and chronic pain syndrome secondary to the lumbar spine. Treatments have included oral pain medications, and an MRI of the lumbar spine on 06/17/2014. The progress report dated 08/18/2014 indicates that the injured worker complained of low back pain radiating down to the left leg with ongoing weakness throughout the lower extremities. The injured worker rated the pain 9 out of 10. The objective findings included limited low back pain, paresthesias along the medial aspect of the right and left thigh and left leg and lateral aspect of the right leg, and a mildly antalgic gait on the left. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested an inpatient hospital stay for two days. On 09/10/2014, Utilization Review (UR) modified the request for an inpatient hospital stay for two days. The UR physician certified an inpatient hospital stay for one day. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Hospital Stay Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter

Decision rationale: 57 yo male with back pain. Medical records indicate L5-s1 stenosis surgery planned. ODG best practice guidelines indicate no more than 24 hour hospital stay after single level uncomplicated laminectomy surgery. Also, standard of care in the USA is less than 24 hour hospital stay for single level laminectomy. 2 day hospital stay not medically needed.