

Case Number:	CM14-0057768		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2013
Decision Date:	07/03/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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: 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 30-year-old male who sustained an industrial injury on 7/12/13. Injury occurred while he was in a kneeling position pushing a cast iron tub weighing over 400 pounds into position with four others, and felt back pain and heard a pop sound. Past medical history was reported negative. He was a current one-pack per day smoker. The 8/29/13 lumbar spine MRI impression documented an L4/5 extruded disc herniation with minimal inferior extension of 3 mm through a tear in the inferior annular fibers. There was no displacement of the ventral left L5 nerve root. At L5/S1, there was a 5 mm central extruded disc herniation with annular tear without displacement of the left S1 nerve root. The 3/20/15 treating physician report cited back pain with significant radiation to the left lower extremity. Physical exam documented painful and restricted lumbar range of motion, significant lumbosacral junctional tenderness, and positive straight leg raise bilaterally. There was give-way weakness in the bilateral along the L4, L5, and S1 distributions, significant loss of left greater than right S1 dermatomal sensation, and decreased deep tendon reflexes symmetrically. EMG showed active left L5 denervation. The diagnosis was left lower extremity radiculopathy and lumbar disc disruption. Authorization was requested for lumbar decompression at L4/5 and possible discectomy L5/S1 with 3-day inpatient length of stay. The 4/16/14 utilization review certified the request for lumbar decompression L4/5 and possible discectomy L5/S1. The request for 3-day inpatient stay was non-certified, as guidelines did not support a length of stay beyond one day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 3 Day Inpatient Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hospital Length of Stay.

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 Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. The recommended median length of stay for a lumbar decompression surgery is 2 days. The best practice target for a lumbar decompression surgery is 1 day. The mean length of stay for lumbar decompression surgery is 3.5 days. An inpatient hospital length of stay is appropriate for this surgery and can be supported on a retrospective basis for 3 days. Therefore, this request is medically necessary.