

Case Number:	CM15-0007944		
Date Assigned:	01/23/2015	Date of Injury:	06/21/2013
Decision Date:	03/30/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

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 34 year old male, who sustained an industrial injury on 6/21/13. On 1/14/15, the injured worker submitted an application for IMR for review of Associates Surgical Services: 2-3 Day Hospital Stay, and Post -operative Physical Therapy 12 sessions all related to the requested authorized surgical procedure - L5-S1 microdiscectomy. The treating provider reported the injured worker complains of frequent dull aching pain, stiffness and tightness in his neck with difficulty turning his head, radiating pain into the right shoulder, arm and hand. The diagnoses included mechanical lumbago, degenerative disc disease, left S1 radiculitis and radiculopathy with sensory motor reflex deficitis. Exam note 11/14/14 demonstrates complaints of constant dull aching in the lower back. Pain is noted to be located across the waist. 5/5 strength is noted on examination with subjective sensory deficit reported. Treatment to date has included physical therapy, acupuncture, chiropractic therapy, epidural steroid injections, and pain medications. Diagnostic studies include a MRI lumbar and cervical spine (7/29/13 and 6/9/14), EMG study of the upper and lower extremities. On 12/18/14 Utilization Review non-certified the requested Surgical Services: 2-3 Day Hospital Stay, and Post -operative Physical Therapy 12 sessions noting the ODG Guidelines-Low Back and Hospital length of stay (LOS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: 2-3 Day Hospital Stay: Upheld

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar microdiscectomy. According to the ODG, Low back section, Hospital length of stay, a 1 day inpatient stay is best practice. As a request is for 2 to 3 days the determination is for non certification as not medically necessary and appropriate.

Post-operative Physical Therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. In this case the request exceeds the 1/2 initially authorized visits, which is 8 visits. Therefore the determination is for non-certification.