

Case Number:	CM15-0016376		
Date Assigned:	02/04/2015	Date of Injury:	04/22/2013
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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 52 year old female, who sustained an industrial injury on 01/18/1989-04/22/2013 and 01/18/2011. The diagnoses have included cervical discopathy/cervicalgia, carpal tunnel/double crush syndrome, lumbar segmental instability, and rule out internal derangement of right hip. Treatments to date have included physical therapy, chiropractic therapy, epidural steroid injection, and medications. Diagnostics to date have included x-ray of the lumbar spine on 02/18/2011 which showed anterolisthesis grade 1 at L5-S1, probably degenerative arthritis at L4-5 and L5-S1 facet joints bilaterally, possible bilateral sacroiliitis, and increased lordosis. X-rays of the cervical spine on 07/10/2013 showed C5-6-7 mild to moderate degenerative spondylosis with mild encroachment of the neural foramina. In a progress note dated 09/08/2014, the injured worker presented with complaints of persistent pain in her lumbar spine with extension into her lower extremities. The treating physician reported initially requesting surgical intervention to address the pathology in the lumbar spine back in August 2013. Utilization Review determination on 01/19/2015 modified the request for 2 Day Inpatient Stay to 1 Day Inpatient Stay citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two 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), Hospital Length of Stay Section

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 fusion. According to the ODG, Low back section, Hospital length of stay, a 3 day inpatient stay is recommended following a posterior lumbar fusion. As a request is for 2 day stay, the determination is for certification as medically necessary and appropriate.