

Case Number:	CM15-0017357		
Date Assigned:	02/05/2015	Date of Injury:	04/02/2013
Decision Date:	03/23/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 59 year old male patient, who sustained an industrial injury on 04/02/13. The 1/14/2015 treating physician report cited low back, bilateral hip and bilateral knee pain, with increased numbness and burning to the bilateral feet. The lumbar spine MRI performed 12/17/2014 showed multi-level issues to include: L1-2 disc desiccation and degeneration with disc bulge; L2-3 posterior ligamentous and facet hypertrophic changes; L3-4 moderate posterior ligamentous and facet hypertrophic changes with disc protrusion and moderate spinal stenosis; L4-5 loss of disc space height along with a extradural defect and significant disc protrusion; L5-S1 with degenerative changes involving bilateral sacroiliac joints and loss of disc space along with disc protrusion. The impression noted low back pain, lumbar radiculopathy, lumbar degenerative disc disease, lumbar discogenic pain syndrome, chronic pain, myalgia, bilateral hip pain with prior total replacement, and bilateral knee pain. Multiple requests were made including posterior L3, L4, and L5 laminectomy and bilateral L3/4, L4/5, and L5/S1 foraminotomy which were certified. The 1/26/15 utilization review modified the request for 2 day in-patient length of stay to 1 day consistent with guidelines. Utilization Review cited the Official Disability Guidelines. The injured worker submitted an application on 01/29/2015 for independent review of the services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Stay # days quantity 2.00: 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) -Workers' Compensation, Treatment Index, 11th Edition (web), 2013, Low Back, Lamnectomy

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 does not provide hospital length of stay recommendations. 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. The recommended median and best practice target for lumbar laminectomy is 1 day. The 1/26/15 utilization review modified the request for 2 days length of stay to 1 day. There is a compelling reason to support the medical necessity due to the multiple levels and types of procedures to be performed. Therefore, this request is medically necessary.