

<b>Case Number:</b>	CM15-0121496		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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:

This injured worker is a 56 year old female who sustained an industrial injury on 7/24/12, relative to a slip and fall. Past medical history was positive for hypertension, depression, anxiety, and high cholesterol. The 3/18/14 lumbar spine x-rays documented an L4-L5 spondylolisthesis with no significant hypermobility on flexion/extension. The 3/13/15 bilateral lower extremity electrodiagnostic study impression documented an abnormal study with evidence of left L5 radiculopathy. The 4/21/15 lumbar spine MRI impression documented grade 1 degenerative anterolisthesis of L4 on L5 with an annular bulge eccentric to the left and bilateral facet spurring. There was moderate to severe left foraminal and lateral recess stenosis with mild to moderate right foraminal stenosis, and mild central canal stenosis. There was abutment of the exiting left L4 and descending left L5 nerve roots. At L5/S1, there was grade 1 anterolisthesis with bilateral pars defects suspected. There was bilateral facet arthrosis and moderate to severe right and moderate left foraminal narrowing. The 5/21/15 treating physician report cited grade 8/10 low back pain radiating into the left lower extremity. She had neurogenic claudication at 30-40 minutes. Conservative treatment had included four epidural steroid injection, physical therapy, exercise, and chiropractic treatment. Physical exam documented limited lumbar range of motion, left hamstring and plantar flexion weakness, hyper reflexic Achilles reflexes, negative nerve tension signs, and L4-S1 tenderness to palpation. Authorization was requested for L4/5 and L5/S1 posterior decompression with interbody fusion with inpatient stay and external bone growth stimulator. The 6/15/15 utilization review certified the request for posterior lumbar decompression and fusion at L4/5 and L5/S1 with an external bone growth stimulator following

peer-to-peer discussion relative to the need for wide decompression and resultant instability. The request for inpatient stay was modified from a non-specific request to 3-day length of stay consistent with the Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Inpatient hospital stay:** Upheld

**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 Chapter; 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 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 posterior lumbar fusion is 3 days. The 6/15/15 utilization review modified the request for a non-specific inpatient length of stay to 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3-day hospital stay previously certified. Therefore, this request is not medically necessary.