

Case Number:	CM15-0127743		
Date Assigned:	07/14/2015	Date of Injury:	09/04/2012
Decision Date:	08/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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 56-year-old male who sustained an industrial injury on 9/4/12. Past medical history was positive for seizure disorder and kidney stones. Past surgical history was positive for L4/5 bilateral microdiscectomy and left sided L5/S1 foraminotomy on 11/15/13. Conservative treatment in the post-operative period had included medications, physical therapy, and activity modification. The 3/24/14 lumbar spine MRI impression documented a 4-5 mm left paracentral disc protrusion at L4/5 that flattened the ventral aspect of the thecal sac with neuroforaminal narrowing, moderate facet arthropathy, and left greater than right foraminal stenosis. There was encroachment of the traversing left L4 and L5 nerve roots. At L5/S1, there was a 5-6 mm disc protrusion with moderate to severe facet arthropathy contributing to moderate to severe neuroforaminal stenosis and encroachment of the traversing L5 nerve roots, and lateral recess stenosis. The 5/12/15 treating physician report cited severe low back pain radiating down the bilateral lower extremities, left worse than the right, with numbness in the soles of both feet. Imaging showed 2-level degenerative disc disease and subsequent foraminal narrowing at those levels. The diagnosis was lumbago and lumbar radiculopathy. The treating physician indicated that he had attempted just a decompression in the past but did not think that it was enough. Authorization was requested for two-level posterior lumbar fusion from L4 through S1 as he had continued disabling pain despite non-operative and operative treatment. Authorization was requested for posterior lumbar fusion at L4-S1, assistant surgeon, and 5 day inpatient stay. The 6/25/15 utilization review certified the requests for posterior lumbar fusion at L4-S1 and assistant surgeon following peer-to-peer discussion confirming the need for wide decompression. The request for 5-day inpatient stay was modified to 3 days 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:

Associated surgical service: Inpatient stay, quantity: 5 days: 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), 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 (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 6/25/15 utilization review modified the request for 5 days length of stay, certifying 3 days. There is no compelling reason presented in the submitted medical records to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. Therefore, this request is not medically necessary.