Case Number:	CM15-0179358		
Date Assigned:	09/21/2015	Date of Injury:	07/31/2013
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 56 year old man sustained an industrial injury on 7-31-2013. The mechanism of injury is not detailed. Evaluations include left shoulder MRI dated 10-7-2013, lumbar spine MRIs dated 10- 23-2013 and 10-9-2014, lumbar spine x-rays dated 10-28-2013, 6-29-2015, and 8-18-2014, and shoulder MRI-arthrogram dated 7-22-2014. Treatment has included oral medications. Physician notes dated 8-6-2015 show complaints of low back pain with radiation to the bilateral lower extremities and left shoulder pain. The worker rates his pain 8-9 out of 10 without medications and 7-8 out of 10 with medications. The physical examination shows positive impingement to the left shoulder and trace left external rotator with pain, palpable tenderness over the left flexor carpi radialis tendon, normal gait, normal heel-toe swig through gait, no limp or weakness, palpable tenderness in the L4-L5 region, positive dorsalis pedis and posterior tibial pulses, sensation intact to pinprick and light touch, normal bilateral reflexes in the knees and ankles, and normal strength to the bilateral lower extremities. Recommendations include surgical intervention on 8-12-105, front wheeled walker with seat, Norco, and follow up two weeks after surgery. Utilization Review denied a request for an extended post-operative hospital stay citing documented medical necessity was not provided. The patient's surgical history include lumbar surgery in 2007 and 2010, left shoulder arthroscopy on 2/4/2014 and 2/3/15. The medication list includes Norco, Fenofibrate and Lisinopril. The patient had received an unspecified number of PT visits for this injury. Patient had received lumbar ESI for this injury. Patient was certified for L4-5 TLIF and PLIF with removal of hardware on 8/12/15 and is s/p L4-5 TLIF and PLIF with removal of hardware. Per the note dated 8/15/15, the patient had complaints of post op back pain

and mild headache. The patient has had chills, BP 177/104, pulse 70, RR 18, T 98.8, WBC 10.5, HB 11.8, 5/5 strength and calf tenderness. The patient has had post op anemia, HTN and obesity. The patient has had history of dural repair and had an elevated WBC count on 8/16/15 and 8/17/15. The patient had a small drainage on the dressing, 5/5 strength and calf tenderness on 8/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended Inpatient Stay (8/15/15 to 8/17/15) (Days) Qty 2: 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), Low Back: Lumbar and Thoracic (Acute and Chronic).

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 (updated 09/22/15), Hospital length of stay (LOS).

Decision rationale: Extended Inpatient Stay (8/15/15 to 8/17/15) (Days) Qty 2. As per cited guideline "Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay." ODG hospital length of stay (LOS) guidelines: Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique) Actual data: median 3 days; mean 4.2 days (0.2); Best practice target (no complications): 3 days. Patient was certified for L4-5 TLIF and PLIF with removal of hardware on 8/12/15 and is s/p L4-5 TLIF and PLIF with removal of hardware. Per the note dated 8/15/15, the patient had complaints of post op back pain, mild headache and chills. Physical examination revealed BP 177/104, pulse 70, RR 18, T 98.8, WBC 10.5, HB 11.8. The patient had small drainage on the dressing on 8/17/15. The patient had a history of dural repair and had an elevated WBC count on 8/16/15 and 8/17/15. Therefore, there is evidence of a possible post op infection and complication. The request for Extended Inpatient Stay (8/15/15 to 8/17/15) (Days) Qty 2 is medically necessary and appropriate in this patient.