

Case Number:	CM15-0068573		
Date Assigned:	04/16/2015	Date of Injury:	04/08/2006
Decision Date:	05/20/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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 62-year-old male who sustained an industrial injury on 4/08/06. Past medical history was positive for a stroke in October 2013. Past surgical history was positive for posterior spinal fusion and laminectomy at L3/4, L4/5 and L5/S1 on 2/2/4/10, and revision of the posterior spinal fusion on 8/22/12. The 11/13/14 treating physician report indicated the injured worker had on-going low back and significant left sciatic pain. He had failed a trial of conservative treatment. Physical exam documented decreased sensation of the left S1 and L5 distribution. He had an antalgic gait and was using a cane. There was increased pain on range of motion and positive left straight leg raise. CT scan showed solid fusion at L5/S1 but there was foraminal narrowing. EMG showed findings consistent with bilateral L5 and left S1 radiculopathy. Surgery was recommended to include hardware removal, laminectomy and foraminotomy at L5/S1. On 2/19/15, the physical examination documented a positive electrophysiologic and radiographic evidence of radiculopathy and stenosis. The plan of care included surgery for hardware removal, laminectomy and foraminotomy and associated services including pre-operation medical clearance and one inpatient hospital stay. The 3/12/15 utilization review certified the request for L5/S1 laminectomy, foraminotomy and possible hardware removal and assistant surgery. The request for 2-day inpatient stay was modified to 1 day stay based on the Official Disability Guidelines. The request for medical clearance was modified to allow a complete blood count and basic metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital length of stay (2) days following a laminectomy, foraminotomy and possible hardware removal at L5-S1: 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 Chapter, LOS.

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 & 1/2 Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. 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 length of stay is 2 days and best practice target is 1 day for a lumbar laminectomy. Guideline criteria have been met for inpatient length of stay up to 2-days given the past surgical history of fusion and revision fusion at the surgical site. Therefore, this request is medically necessary.

Medical clearance: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. In general, middle-aged males have known occult increased medical/cardiac risk factors. This injured worker has a past medical history positive for a stroke. Guideline criteria have been met based on patient's age, past medical history, the magnitude of surgical procedure, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.