

<b>Case Number:</b>	CM15-0074711		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/28/2006
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 male who sustained an industrial injury on 7/28/06. Injury occurred when a metal box fell off a shelf and struck his neck and back. Past medical history was positive for diabetes mellitus and cardiac arrhythmia. Past surgical history was positive for an L3/4 lumbar discectomy and fusion on 1/29/13. Records indicated that he developed instability at L3/4, loosened hardware, and non-union. On 3/11/15, he underwent removal of L3/4 pedicle screw instrumentation, exploration of the L3/4 fusion, left L4 hemilaminectomy, interbody fusion left L3/4 with a prosthetic segment and reconstruction cage device, replacement of pedicle screw instrumentation at L3/4, and combined posterolateral and interbody fusion L3/4. A request was submitted for 5-day hospital admission from 3/10/15 to 3/14/15. The 3/14/15 physician discharge summary indicated that the patient developed a fever and elevated white blood cell count in the post-operative course and was monitored. He did not develop symptoms and was discharged home when his white blood count normalized and he was afebrile for 48 hours. Additionally, kidney function studies were noted to be elevated and he was worked up for chronic kidney disease. The 4/3/15 utilization review modified the request for a 5-day length of stay to a 3-day length of stay relative to the 3/11/15 procedure consistent with the Official Disability Guidelines. The rationale noted that there was no documentation indicating the need for extended care beyond 3 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro inpatient stay DOS 3/13/2015 QTY: 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability 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  $\frac{1}{2}$  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 for prospective cases but recommend the mean length of stay for retrospective review. The recommended mean length of stay for posterior lumbar fusion is 3.9 days. This patient underwent a revision posterolateral and interbody fusion on 3/11/15. During the post-operative course, he developed a fever and his white blood cell count was elevated. He was discharged home when his white blood count normalized and he was afebrile for 48 hours. This request for retrospective inpatient stay on date of service 3/13/15 represents day 4 and is consistent with the recommended mean length of stay. Therefore, this request is medically necessary.

**Retro inpatient stay DOS: 3/14/2015 QTY: 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability 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  $\frac{1}{2}$  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 for prospective cases but recommend the mean length of stay for retrospective review. The recommended mean length of stay for posterior lumbar fusion is 3.9 days. This patient underwent a revision posterolateral and interbody fusion on 3/11/15. During the post-operative course, he developed a fever and his white blood cell count was elevated. He was discharged home when his white blood count normalized and he was afebrile for 48 hours. This request for retrospective inpatient stay on date of service 3/14/15 represents day 5. An exception to guideline is warranted based on the post-operative fever and need for observation. Therefore, this request is medically necessary.