

Case Number:	CM15-0078195		
Date Assigned:	04/29/2015	Date of Injury:	09/29/2003
Decision Date:	05/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old female who sustained an industrial injury on 9/29/03 involving a motor vehicle accident where her car was struck causing a whiplash injury. She currently complains of increasing lumbar spine pain. Her voluntary range of motion is severely limited. Medications are Fentanyl in her pain pump, Prozac, Valium, Norco. Diagnoses include chronic pain syndrome; massive lumbar disc herniation resulting in emergency cauda equine syndrome with urgent operative intervention because of loss of bladder and bowel function (1/6/15); post laminectomy syndrome cervical spine, status post C2-7 fusion after four surgeries and knee pain with four knee surgeries in the right knee; cervical pain and spondylosis; facet joint syndrome cervical spine; degeneration of cervical intervertebral disc; muscle spasms; myositis; hemiparesthesia. Treatments to date include transcutaneous electrical nerve stimulator unit with minimal relief; biofeedback with significant relief; cervical facet joint injections with relief; left iliolumbar blocks offering 100% relief for one week; lumbar epidural steroid injections; occipital nerve blocks and trigger point injections; intrathecal pain pump. Diagnostics include MRI of the lumbar spine (4/6/15) showing large central extrusion at L5-S1 with severe central spinal stenosis and probable impingement of nerve roots bilaterally; cervical MRI (2/19/14) abnormal findings; lumbar MRI (2/19/14, 1/5/15). In the progress note dated 4/8/15 the treating provider's plan of care includes request for repositioning of the pain pump to gain access to the anterior spine; anterior inter-body fusion with instrumentation and posterior L5-S1 lumbar laminectomy/ laminotomy with assistant surgeon and utilization review indicates a 3-4day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-4 day inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, 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 Low Back - Lumbar & Thoracic (Acute & Chronic), Hospital length of stay (LOS).

Decision rationale: 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); discharges 33,521;Best practice target (no complications) 3 days. I am reversing the previous utilization review decision. Based on the ODG, the request is within the Guidelines and is medically necessary; however, this review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.