

<b>Case Number:</b>	CM15-0092702		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 51 year old male sustained an industrial injury on 1-10-13. He subsequently reported low back pain. Diagnoses include lumbago. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower body. Upon examination on 4/24/15, there is antalgic gait and positive SLR. Deep tendon reflexes are 2 plus and equal. The patient has had no tenderness on palpation and normal motor and sensory examination. A request for One (1) day inpatient stay was made by the treating physician. The patient has had an MRI of the lumbar spine on 3/4/13 that revealed degenerative changes, disc bulge and facet arthropathy. Patient was not certified for surgical intervention as per note dated 4/24/15. Patient was requested for authorization for lumbar surgery on 4/24/15. Any evidence of certification for lumbar surgery was not specified in the records specified. The medication list includes Tramadol, Ibuprofen, Cyclobenzaprine and Protonix. The patient had received an unspecified number of acupuncture and PT visits for this injury. The past medical history includes angioplasty in 2006.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) day inpatient stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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:** Request: One (1) day inpatient stay. 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 than 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 not certified for surgical intervention as per note dated 4/24/15. Patient was requested for authorization for lumbar surgery on 4/24/15. Any evidence of certification for lumbar surgery was not specified in the records specified. As the request for lumbar surgery is not certified the medical necessity of the request for One (1) day inpatient stay is also not fully established. The medical necessity of the request for One (1) day inpatient stay is not fully established for this patient and therefore is not medically necessary.