

Case Number:	CM15-0094665		
Date Assigned:	05/20/2015	Date of Injury:	01/15/2014
Decision Date:	06/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Internal 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 53-year-old male who sustained a work related injury January 15, 2014. While putting up a display he felt a pop with increased radiculopathy down his legs and numbness and tingling in his feet bilaterally. He has received medication and physical therapy, without significant relief. According to a consulting physician's progress report, dated March 2, 2015, the injured worker continues to describe bilateral lower extremity pain and lower back pain with the legs hurting more than his lower back. He is aggravated by standing and is relieved somewhat by sitting. An MRI of the lumbar spine revealed moderately severe stenosis at L4-5, secondary to an intervertebral anular bulge as well as facet and ligamentum flavum hypertrophy. Also, between L5 and S1 there is a moderate degree of lateral recess stenosis. On March 3, 2015, an operating room report documents the injured worker underwent lumbar laminotomies, bilateral foraminotomy at L4, L5, and S1 and tolerated the procedure well. There are no further notations of post-operative complications. At issue, is the retrospective request for 3 days in-patient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 3 days inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital Length of Stay.

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 - Lumbar & Thoracic (Acute & Chronic) Hospital length of stay (LOS).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address hospital length of stay (LOS). Official Disability Guidelines (ODG) recommends the median length of stay (LOS) based on type of surgery, or best practice target LOS length of stay for cases with no complications. Laminectomy/laminotomy median length of stay is 2 days. Mean length of stay is 3.5 days. Best practice target (no complications) is 1 day for laminectomy / laminotomy. The operative report dated 3/3/15 documented the performance of lumbar laminotomies, bilateral foraminotomy at L4, L5, and S1. The patient was discharged on 3/7/15. The length of stay was 4 days, which exceeds ODG guidelines. No surgical complications were documented in the submitted medical records. No extraordinary factors were documented in the submitted medical records. The retrospective request for 3 days inpatient stay for dates of service 3/4/15 - 3/7/15 is not supported. Therefore, the request for 3 days inpatient stay is not medically necessary.