

Case Number:	CM15-0099706		
Date Assigned:	06/02/2015	Date of Injury:	10/28/2014
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 43 year old male who sustained an industrial injury on 10/28/14. The injured worker was diagnosed as having back pain and lumbar back pain with radiculopathy affecting left lower extremity. Currently, the injured worker was with complaints of back pain and left lower extremity paresthesia. Previous treatments included medication management, epidural injections, acupuncture treatment and chiropractic treatments. Previous diagnostic studies included a magnetic resonance imaging revealing moderate degenerative disc disease at L4-5 and L5-S1. The injured workers pain level was noted as 5/10. The plan of care was for an inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Stay x 3 Days: Upheld

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: 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: MTUS is silent regarding inpatient hospital length of stay for lumbar hemilaminotomy and microdiscectomy. ODG states "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. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. (HCUP, 2011) Of recent lumbar discectomy cases, 62% underwent an inpatient hospital stay after surgery, whereas 38% had outpatient surgery, and outpatients had lower overall complication rates than those treated as inpatients. (Pugely, 2013) ODG hospital length of stay (LOS) guidelines: Discectomy (icd 80.51 - Excision of intervertebral disc) Actual data: median 1 day; mean 2.1 days (0.0); discharges 109,057; charges (mean) ██████ Best practice target (no complications) Outpatient Laminectomy (icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root) Actual data: median 2 days; mean 3.5 days (0.1); discharges 100,600; charges (mean) ██████ Best practice target (no complications) 1 day. Note: About 6% of discharges paid by workers' Compensation." Guidelines recommend a mean stay of 2.1 days for a discectomy, with best practice target being an outpatient surgery. The previous reviewer modified the request to 2-day inpatient stay, which is within guideline recommendations. As such, the request for Inpatient Stay x 3 Days is not medically necessary.