

Case Number:	CM14-0101695		
Date Assigned:	09/16/2014	Date of Injury:	08/21/2009
Decision Date:	11/19/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

89 pages were provided for this review. The application for independent medical review was signed on July 1, 2014. It was regarding a modified certification for three inpatient days. The diagnosis was an L5-S1 disc extrusion, and interspace collapse, Modic II-type end plate changes, with foraminal impingement and sciatica left greater than right. There is L5-S1 grade 1 spondylolisthesis and retrolisthesis. There was mild, chronic left greater than right lumbar radiculopathy and left peroneal motor neuropathy. There was a left hip arthroplasty and acetabuloplasty, femoral head osteo chondroplasty and labral takedown and secondary repair which was done on March 17, 2014. There was a request for an L5-S1 global fusion with intraoperative neural monitoring and a co-surgeon stage I and an assistant surgeon stage 2, along with a four day inpatient stay. The ODG hospital length of stay guidelines recommend three days of inpatient care following lumbar fusion. This was the basis for the partial certification of the three-day stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back section, under Hospital length of stay, fusion.

Decision rationale: Per the ODG post-fusion surgery, the guideline notes: Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique) Actual data -- median 3 days; mean 3.9 days (0.1); discharges 161,761; Best practice target (no complications) -- 3 days Note: About 15% of discharges paid by workers' compensation. 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 Lumbar Fusion, lateral (icd 81.07 - Lumbar fusion, lateral transverse process technique) Actual data -- median 3 days; mean 3.8 days (0.2); discharges 15,125; Best practice target (no complications) -- 3 days The best practice stay is three days, but the mean, which is probably the best measure of central tendency to use for pre-authorization planning, is actually 4 days per the guide. This is a request I would reverse and certify based on the data.