

<b>Case Number:</b>	CM14-0141775		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Orthopedic Surgery 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:

According to the records made available for review, this is a 55-year-old male with a 3/5/12 date of injury, and status post anterior L5-S1 fusion 9/24/12. At the time (8/6/14) of request for authorization for Inpatient 4 days at [REDACTED], there is documentation of subjective (dramatic turn for worse over last several weeks, pain down his left buttock and leg numbness and weakness have become severe to the point where he cannot even walk except with a cane) and objective (inability to heel walk in the left leg secondary to partial footdrop, antalgic gait, straight leg raising moderately positive on left and mildly positive on right, gross weakness 2/5 of left ankle dorsiflexors, left quadriceps reflexes diminished compared to right, Achilles' reflexes diminished bilaterally, and diminished sensation into anterior tibial area and dorsum of left foot) findings, current diagnoses (displacement of intervertebral disc without myelopathy), and treatment to date (surgery, oral pain medications, and home exercise program). 8/25/14 medical report identifies there is documentation of a posterior L4-L5 lumbar interbody fusion with instrumentation that is certified/authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient 4 days at [REDACTED]:** Overturned

**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-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back, Hospital length of stay (LOS)

**Decision rationale:** MTUS does not address the issue. ODG identifies hospital LOS for up to 4 days in the management of lumbar decompression/fusion. Within the medical information available for review, there is documentation of a diagnosis of displacement of intervertebral disc without myelopathy. In addition, there is documentation of a posterior L4-L5 lumbar interbody fusion with instrumentation that is certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for Inpatient 4 days at [REDACTED] is medically necessary.