

Case Number:	CM13-0015956		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2001
Decision Date:	03/05/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

This patient is a 45 year old male, date of injury 08-19-2001. Primary diagnosis is lumbar back condition. PR-2 report 07-16-13 by [REDACTED] documented subjective complaints including low back pain, radiating to bilateral legs. Objective findings included lumbar muscle spasm, diminished range of motion, tenderness. Diagnoses included lumbar spine L5-S1 anterolisthesis with bilateral spondylolysis. Treatment plan included treatment with [REDACTED] request for authorization letter dated 05-22-13 by orthopedic surgeon [REDACTED] MD stated that the patient "received authorization for his posterior L5-S1 decompression and instrumented fusion for his L5-S1 spondylolisthesis with bilateral spondylolysis." [REDACTED] stated: "he will require postoperative care in a skilled nursing facility for approximately 90 days following the surgery. This will allow his surgical soft tissue wound to heal in a safe and clean environment versus the environment that he may be exposed to in a homeless situation." Utilization review dated 08-15-13 by [REDACTED] recommended non-certification of the request for temporary living facility for 4 weeks post op, homeless due to work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temporary Living Facility for 4 weeks of post-operative: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Skilled (ODG) Nursing Facility Guidelines

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) as well as Knee & Leg (Acute & Chronic).

Decision rationale: Medical records document that the patient was authorized for L5-S1 decompression and instrumented fusion spine surgery. Chronic Pain Medical Treatment Guidelines does not address temporary living facilities for homeless patients. ODG and ACOEM guidelines do not address temporary living facilities for homeless patients. ODG guidelines state that skilled nursing facility (SNF) care is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. Criteria for skilled nursing facility care (SNF): The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy. ODG guidelines state: Following lumbar spinal fusion, delayed start of rehabilitation results in better outcomes, and improvements in the group starting at 12-weeks were 4 times better than that in the 6-week group. If physical therapy is delayed as recommended by ODG guidelines, then physical therapy is not recommended in the first 6 weeks post-operatively in this case. Furthermore, medical records do not document medical comorbidities that result in additional functional limitations. Medical records do not document an inability to carry out activities of daily living. Medical records do not support the medical necessity of skilled nursing facility in this case. MTUS, ODG, ACOEM evidence based guidelines do not address or recommend temporary living facilities for homeless patients. Therefore, the request for temporary living facility for 4 weeks post-operative is not medically necessary.