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| Case Number: | CM13-0022881 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 11/19/2008 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 09/06/2013 |
| Priority: | Standard | Application Received: | 09/11/2013 |

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 Anesthesiology, has a subspecialty in Pain Management, 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.

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 patient is a 55-year-old male who reported an injury on 11/19/2008. The mechanism of injury was not noted in the medical records. The patient was noted to have had cervical spinal fusion surgery on 09/03/2013. His diagnosis was listed as cervical radiculopathy with pseudoarthrosis. It was noted that during his hospital stay, the patient experienced some shaking episodes; however, a neurologist saw the patient and ruled out seizures after obtaining EEG studies. At his 09/12/2013 followup visit, the patient denied any issues with seizures or shaking. He indicated that his numbness and tingling in his hands had improved and that his neck pain was better controlled. The plan was noted for the patient to avoid all anti-inflammatory medications, and a prescription was given for sleeping medications as well as muscle relaxants. The patient was evaluated by [REDACTED] while he was in the hospital for management of the patient's acute postoperative revision cervical spine fusion surgery pain. It was noted that the patient had had chronic cervical spine pain for the past 3 years after a failed multilevel ACDF procedure was performed. The patient's medications were noted as buprenorphine, Butrans transdermal weekly patch, Vicodin extra strength, occasional oxycodone and NSAIDs. It was noted that the patient would receive outpatient pain management treatment with [REDACTED] in Glendale, California. A request has been made for an inpatient rehabilitation program for 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient rehabilitation for one week (seven days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Clinical Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 32.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state that inpatient pain rehabilitation programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. These inpatient programs are appropriate for patients who do not have the minimal functional capacity to participate effectively in an outpatient program, have medical conditions that require more intensive oversight, are receiving large amounts of medications necessitating medication weaning or detoxification or have complex medical or psychological diagnoses that benefit from more intensive observation and/or additional consultation during the rehabilitation process. The patient was noted to have had an extensive history related to his cervical spine pain and use of medications; however, the specific indication for the patient's need for an inpatient rehabilitation program was not documented in the medical records provided. Furthermore, the patient's most recent pain management consultation states that the patient would be receiving outpatient pain management following his hospitalization. The request for inpatient rehabilitation for one week (seven days) is not medically necessary or appropriate.