

Case Number:	CM13-0069948		
Date Assigned:	02/28/2014	Date of Injury:	04/18/2012
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 49-year-old with an injury date on 4/18/12. Based on the 11/8/13 progress report by [REDACTED] Management the diagnoses are: 1. C4-5 and C5-6 disc herniation; 2. anterior and posterior cervical fusion level C6 through thoracic two (2); 3. resolving pulmonary embolus; and 4. Post-traumatic stress disorder. An exam on 11/4/13 indicated "healed surgical scars, anterior and posterior cervical spine. There is decreased range of motion of the cervical spine. There is weakness to bilateral upper and lower extremities, worse on the right and finger abduction and flexion, bilateral hip flexors and extensors." [REDACTED] is requesting an admission for evaluation and treatment for neurological functioning status post C6-T2 anterior/posterior fusion. The utilization review determination being challenged is dated 12/17/13. [REDACTED] is the requesting provider, and he provided treatment reports from 7/12/13 to 12/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADMISSION FOR EVALUATION AND TREATMENT FOR NEUROLOGICAL FUNCTIONING, STATUS POST C6-T2 ANTERIOR/POSTERIOR FUSION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICARE ADMISSION CRITERIA FOR ACUTE INPATIENT REHABILITATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HOSPITAL STAY FOR LUMBAR SURGERY.

Decision rationale: This patient presents with a decline in the ability to ambulate, lower back pain, tightness in the bilateral legs, and decreased sensation in the bilateral hands. The patient is status post fusion and corpectomy C6-T1 with irrigation and debridement of C-spine on 05/06/2013. The treater has asked for an admission to acute rehab for the evaluation and treatment of the patient's current neurologic decline, following the C6-T2 anterior/posterior fusion on 12/3/2013. On 10/6/2013, the patient reported twelve (12) sessions of post-operative physical therapy, which "didn't help. Made things worse, and still cannot walk or use right hand." On 10/22/2013, the patient was in a wheelchair. On 11/21/2013, the treating physician trained the family to do in-home gait training, since additional physical therapy was denied. On 12/3/2013, the patient reported leg strength decline, difficulty placing the leg, and loss of sensation bilaterally. The treater requests inpatient rehab "for therapeutic strengthening and functioning exercises with emphasis on proper proprioception technique on leg placement" per the 12/3/2012 report. MTUS does not discuss in-patient rehabilitation. The Official Disability Guidelines support the hospitalization for spinal cord injury following a major trauma. Although this patient did not have a major trauma, the patient did undergo major surgery, with partial paralysis and the inability to ambulate requiring the use of a wheelchair. The treater's recommendations for in-patient evaluation and intensive treatments are medical, and quite reasonable. The request is medically necessary.