MAXIMUS Federal Services

Case Number:	CM14-0100109		
Date Assigned:	09/23/2014	Date of Injury:	04/06/2012
Decision Date:	10/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 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 injured worker is a 45-year-old male who reported an injury due to repetitive heavy pulling and pushing on 04/06/2012. On 05/15/2014, his clinical assessment included: rule out annular tear at L3-4; right cervical radiculopathy, confirmed by EMG/NCS; C3-7 degenerative disc disease with spinal canal stenosis; bilateral lumbar radiculopathy; postoperative arthrofibrosis, status post right shoulder arthroscopy with acromioplasty; L3-S1 degenerative disc disease confirmed by discography; neurogenic claudication in the bilateral lower extremities; L3-S1 stenosis; grade 1 anterolisthesis L5-S1 and grade 1 lytic spondylolisthesis L5-S1. His complaints included low back pain radiating down both thighs through the shins and calves rated at 8/10. He had further complaints of neck pain radiating to the right shoulder and down the arm to the hand. The recommendations included a request for an L3-S1 AP fusion with cage and instrumentation and bilateral decompression. It further states that this worker was a candidate for C5-6 and C6-7 anterior cervical discectomy and fusion with cage and instrumentation, if his symptoms persisted or worsened. There was no rationale included in this worker's chart. A Request for Authorization dated 5/15/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Day Inpatient Stay: Upheld

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 (updated 06/10/2014) - Hospital Length of Stay

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89.

Decision rationale: The request for 4 Day Inpatient Stay is not medically necessary. According to the California ACOEM Guidelines, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialist who will support functional recovery as well as provide expert medical recommendations. The request did not state what the inpatient stay was to have been for. Furthermore, it did not specify a type of facility. The need for an inpatient stay was not clearly demonstrated in the submitted documentation. Therefore, this request for 4 Day Inpatient Stay is not medically necessary.