

<b>Case Number:</b>	CM14-0102865		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/05/1978
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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:

The claimant is a 76-year-old gentleman injured in a work-related accident on August 5, 1978. The records provided for review document the diagnoses of lumbago and intractable lumbar pain secondary to radiculopathy related to the injury date. The records document that claimant is noted to have been asymptomatic for two years following an epidural steroid injection. An April 4, 2014, progress report indicates that the claimant experienced chest pain for several hours concurrent with his presentation for low-back complaints that had worsened over a period of several days. Physical examination findings were not documented. The claimant was admitted to the hospital for inpatient assessment of his chest-pain related complaints. Physical examination showed a blood pressure of 214/118 and a heart rate of 92 beats per minute. This request is for inpatient admission from April 5 to April 7, 2014, in direct relationship to the 1978 work-related injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Admittance and Hospital Stay Admission, (04/05/2014 - 04/07/2014):**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute ([www.odg-twc.com](http://www.odg-twc.com)) Low Back- Lumbar & Thoracic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure -.

**Decision rationale:** California MTUS ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, a two-day inpatient stay would not be indicated for the work-related injury. The reviewed records indicate that the claimant's hospital stay was related to blood pressure monitoring, chest pain assessment and underlying medical conditions. While the individual was noted to have chronic complaints of low back pain, his low back does not appear to be at the forefront of his clinical complaints nor responsible for inpatient stay or assessment. Additionally, the reviewed records do not document a working diagnosis, physical examination finding or clinical imaging that would have supported inpatient admission from his low-back-related complaints. Therefore, this request would not be supported as medically indicated for management of the work injury.