

Case Number:	CM14-0010396		
Date Assigned:	02/21/2014	Date of Injury:	07/11/2011
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Oklahoma, Texas, California and Tennessee. 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 47-year-old female who sustained an injury to her low back on 07/11/11 when she was in a client's attic retrieving luggage, she fell through the ceiling and landed on her back. The treatment to date have included splints, medications, injections, chiropractic care, physical therapy and diagnostics. The injured worker subsequently underwent lumbar laminectomy and discectomy at L4 through S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT REHAB FACILITY FOR TWO (2) WEEKS POST LUMBAR SURGERY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Hospital Length of Stay.

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 chapter, Hospital length of stay (LOS)

Decision rationale: The request for inpatient rehab facility for two weeks post lumbar surgery is not medically necessary. The request previously denied on the basis that the Official Disability Guidelines (ODG) recommend a median hospital length of stay of three days status post lumbar

fusion. A skilled nursing facility stay is recommended if necessary after hospitalization if the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24 hour basis. It was noted that the injured worker lives alone; therefore, a partial/modified certification was made for seven days with further authorizations requiring documentation of symptomatic improvement and a clear rationale for the specified extension. There was no additional significant objective clinical information that would support reversing the previous adverse determination according to the Official Disability Guidelines (ODG). Given the clinical documentation submitted for review, medical necessity of the request for inpatient rehab facility for two weeks post lumbar surgery has not been established.