

<b>Case Number:</b>	CM14-0114014		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### **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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 36-year-old male who reported an injury on 06/02/2014. The injury was described as muscle spasms that began while working, which progressively worsened in his low back with spasm radiating to the left buttock then down the left leg to the foot. He was diagnosed with sciatica. His past treatments were noted to have included pain medications and epidural steroid injections. On 06/08/2014, it was noted that the injured worker had presented to the emergency room on 06/07/2014 for left low back pain, leg pain, and numbness. It was specified that he described worsening symptoms over the last 5 days, including numbness to the lower leg. He denied bowel and bladder dysfunction, fever, chest pain, shortness of breath, abdominal pain, and saddle anesthesia. His physical findings included a normal heart rate and rhythm, no respiratory distress, tenderness over the left lower lumbar paraspinal muscles and left sciatic notch, and decreased sensation to the left lateral foot. He was noted to have normal strength and normal muscle tone. His reflexes were slightly diminished to 1+ at the left Achilles. His medications were noted to include unspecified aggressive analgesics. It was noted that despite aggressive analgesics, the injured worker was unable to control his pain and was unable to ambulate due to pain. Therefore, he was admitted for evaluation. However, there was documentation indicating there was no plan for surgery. A request was received for direct hospital admission from ER, times four days from 6/8/14 - 6/11/14. The Request for Authorization form was submitted on 06/11/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective direct hospital admission from ER, times four days from 6/8/14 - 6/11/14:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Millimann Care Guidelines, Inpatient & surgical care, optimal recovery guidelines, orthopedics, back pain. The Official Disability Guidelines do not address.

**Decision rationale:** According to the Milliman Care Guidelines, admission for patients with back pain may be indicated with evidence of cauda equina indicating by bowel dysfunction, bladder dysfunction, saddle anesthesia, or neurologic abnormality suggesting distal spinal cord impingement. Other indications for admission for back pain include progressive or severe neurological deficits, spine fracture with significant damage, suspected spinal infection, or other suspected cause requiring inpatient treatment, such as aortic dissection. The clinical information submitted for review indicated that the injured worker had presented to the emergency room with reports of worsening low back and left leg symptoms for which he was admitted for monitoring. However, the documentation showed that he had specifically denied bowel and bladder dysfunction, as well as saddle anesthesia. Additionally, he was not shown to have had significant or severe neurological deficits, suspicion for infection, or damage to the spinal cord or column. Therefore, despite his significant pain, the request for a direct hospital admission is not supported, as there was no documentation of a clear indication for admission. As such, the request is not medically necessary.