

Case Number:	CM14-0134983		
Date Assigned:	08/27/2014	Date of Injury:	10/15/2009
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family 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 50 year old male who sustained an injury to his low back on 10/15/09. The mechanism of injury is not documented. The records indicate that the injured worker is status post lumbar decompressive surgery at L5-S1 on 01/31/12. It was reported that the injured worker had improved, but began having increased symptoms in the low back that were more left sided than right. The clinical note dated 08/29/14 reported that the injured worker is 2 weeks status post L4-5 and L5-S1 anterior/posterior fusion. The injured worker is getting out of the nursing home today. He is walking several hundred feet several times a day, has essentially no radiating leg symptoms, but feels stiffness and pain to his back as is expected. Physical examination noted wounds healing with no signs of infection; he has some residual numbness and paresthesias at L5-S1, but markedly better than before the surgery dated 08/15/14. Plain radiographs revealed well placed hardware anterior and posteriorly. The injured worker was diagnosed with spinal stenosis of the lumbar region and acquired spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility for postoperative care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation

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, Skilled nursing facility (SNF) care

Decision rationale: The request for skilled nursing facility for postoperative care is not medically necessary. The previous request was partially certified for 7 days on the basis that in this case, the injured worker will undergo a lumbar fusion surgery. The injured worker lives alone; therefore, a course of skilled nursing facility for 7 days appears reasonable in order to provide skilled nursing or rehabilitation services postoperatively in preparation for discharge to home. Additional days of stay are not supported without a clear rationale or extenuating circumstance. The Official Disability Guidelines states that skilled nursing facility care is recommended if necessary after hospitalization when the injured worker requires skilled nursing or skilled rehabilitation services, or both on a 24 hour basis. A skilled nursing facility or SNF has registered nurses who help provide 24 hour care to people who can no longer care for themselves due to physical, emotional or mental conditions. After reviewing the submitted documentation, there was no additional significant objective clinical information provided for review that would support reverse of the previous adverse determination. Given this, the request for skilled nursing facility for postoperative care is not indicated as medically necessary.