MAXIMUS Federal Services

Case Number:	CM14-0153187		
Date Assigned:	09/23/2014	Date of Injury:	08/09/2005
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 New York. 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 51 yo female who sustained an industrial injury on 08/09/2005. The mechanism of injury was not provided for review. Her diagnoses include chronic low back pain , lumbar disc disease- s/p anterior posterior fusion at L4-5 and L5-S1, cervical disc disease, cervical radiculopathy, and reflex sympathetic dystrophy of the left leg. There was no physical exam provided for review. The injured worker was hospitalized on 08/05/2014 with hemetemesis, diarrhea and severe back pain. She was initially admitted to the intensive care unit and required treatment with IV fluids, blood transfusions, and IV Protonix. The treating provider has requested a decision for inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient length of 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, Evaluation and Management

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: Medscape Internal Medicine: Gastrointenstinal Bleeding

Decision rationale: There are no medical records from the inpatient hospitalization provided for review. The patient was presented to [redacted] on 08/05/2014 with complaints of bloody vomit, diarrhea and severe back pain. She was evaluated and admitted to the intensive care unit for treatment. She required IV fluids, IV Protonix and transfusion of blood products. An abdominal pelvic CT scan demonstrated bowel wall thickening involving the entire colon with inflammation and adjacent fat stranding consistent with pancolitis. She was also diagnosed with liver cirrhosis. Based on the available documentation provided for review, the inpatient admission beginning 08/04/2014 up to 08/08/2014 is supported on the basis that the patient was still receiving IV therapies There is no documentation provided to determine if inpatient hospital services were required beyond this date. In addition, there is no documentation provided indicating that the hospitalization was directly related to the patient's industrial injury. Therefore the request is not medically necessary.