

Case Number:	CM14-0156154		
Date Assigned:	09/25/2014	Date of Injury:	08/26/2005
Decision Date:	10/27/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational 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:

According to the records made available for review, this is a 54-year-old male with an 8/26/05 date of injury. At the time (8/4/14) of request for authorization for 13 days inpatient hospital stay for lumbar spine pain, there is documentation of subjective (chronic, worsening, severe low back pain radiating to the bilateral lower extremities) and objective (tenderness to palpation over the lumbar paraspinals over L5-S1 with spasms, and decreased motor strength of the bilateral lower extremities) findings, current diagnoses (lumbar post-laminectomy syndrome, lumbar degenerative disc disease, and thoracic spondylosis), and treatment to date (medications (opioids, Lyrica, and Flexeril), lumbar epidurals, and physical therapy). There is no documentation of major trauma (acute (within the past 7 days) spinal fracture, spinal cord injury, or nerve root injury); acute or progressive neurologic deficit; or that the patient is unable to manage basic ADLs at home and alternative placement in a Skilled Nursing Facility is not available or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 days inpatient hospital stay for lumbar spine pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Hospitalization

Decision rationale: MTUS does not address this issue. ODG identifies documentation of major trauma (such as: acute (within the past 7 days) spinal fracture, spinal cord injury, or nerve root injury); acute or progressive neurologic deficit; or that the patient is unable to manage basic ADLs at home and alternative placement in a Skilled Nursing Facility is not available or appropriate, as criteria necessary to support the medical necessity of hospitalization for low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, lumbar degenerative disc disease, and thoracic spondylosis. However, despite documentation of subjective (chronic, worsening, severe low back pain radiating to the bilateral lower extremities) and objective (tenderness to palpation over the lumbar paraspinals over L5-S1 with spasms, and decreased motor strength of the bilateral lower extremities) findings, there is no documentation of major trauma (acute (within the past 7 days) spinal fracture, spinal cord injury, or nerve root injury); acute or progressive neurologic deficit; or that the patient is unable to manage basic activities of daily living (ADLs) at home and alternative placement in a Skilled Nursing Facility is not available or appropriate. Therefore, based on guidelines and a review of the evidence, the request for 13 days inpatient hospital stay for lumbar spine pain is not medically necessary.