

Case Number:	CM14-0022736		
Date Assigned:	06/11/2014	Date of Injury:	01/22/1991
Decision Date:	08/08/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 1/22/91. The mechanism of injury was a fall. Prior treatments were medications, epidural steroid injections, and sympathetic nerve blocks. The injured worker's diagnoses were failed back syndrome and chronic low back pain. The injured worker had a clinical evaluation on 1/9/14. Her main complaints were severe pain in the right side of her back that spread down to the buttock and back of the thigh to the bottom of the foot, which she stated felt numb. She was having a hard time walking and was in a lot of pain. She stated she had weakness in her entire right leg. She stated she had been tripping, but not falling. There was no inciting incident, injury, or increased activity recently; no bowel or bladder problems. She had been taking more Dilaudid due to increased pain. Her muscles felt tight and she reported these onset symptoms were relatively new. The physical examination reported acute right mid to low back pain radiating to the bottom of the right foot, complete with lumbar radiculitis and acute lumbar spasm. The treatment plan was for x-rays of the lumbar spine including flexion and extension views.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT HOSPITAL STAY FROM 1/11/14/-1/14/14 TO INCLUDE LABS AND MEDICATION (IV): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend hospitalization for low back pain in the absence of major trauma (acute spinal fracture, spinal cord injury, or nerve root injury), acute or progressive neurologic deficit, or the patient's inability to manage basic activities of daily living at home and when alternative placement in a skilled nursing facility is not available or appropriate. These recommendations are based on medical practice and are consistent with other evidence-based guidelines. The injured worker's clinical evaluation noted sudden onset of pain. The guidelines criteria for hospital admission includes back injury that has occurred within the past 7 days and major trauma was sustained. The request does not meet the criteria according to the guidelines. Therefore, the request is not medically necessary.