

Case Number:	CM14-0039644		
Date Assigned:	06/27/2014	Date of Injury:	10/18/2003
Decision Date:	09/17/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 and is licensed to practice in Illinois. 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 68-year-old female who reported an injury on 10/18/2003 due to an unknown mechanism. Diagnoses were C fusion failed neck surgery syndrome; lumbar degenerative disc disease with stenosis at L4-5, severe and nonindustrial; lumbar spondylosis, nonindustrial; short acting opioids; sleep disturbance; disabled. Past treatments were not reported. Diagnostic studies were CT scan. Surgical history was a cervical fusion. Physical examination on 12/13/2013 revealed complaints of weakness that persistent to the left upper extremity and some balance problems. Physical exam revealed there were no complaints of constipation. The injured worker was able to tolerate sitting for 20 minutes, standing was tolerated for 30 minutes, and walking was tolerated for 30 to 45 minutes. Sleep was interrupted occasionally. The injured worker was independent in activities of daily living, was able to drive, and required no assistive devices for safety. Medications reported were Oxycodone 30mg and Lunesta 3mg. Treatment plan was for a surgical intervention for nonunion C5-6 through C7. Medications were to be continued as directed. Facet joint injections were ordered. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hospital Length of Stay.

Decision rationale: The request for hospital visit is non-certified. The Official Disability Guidelines for hospital length of stay recommend the median length of stay based on type of surgery, the best practice target for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the midpoint at which half of the cases are less and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the affected outliers on the average length of stay. The request submitted does not indicate anything specific regarding the hospital visit. Due to the lack of information, this request for Hospital Visit is not medically necessary.