

Case Number:	CM14-0042472		
Date Assigned:	06/30/2014	Date of Injury:	04/21/2011
Decision Date:	08/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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 Neurological Surgery 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 55-year-old individual who was reportedly injured on April 21, 2011. The mechanism of injury was noted as hit in the back by a dolly. The most recent progress note, dated March 20, 2014, indicated that there were ongoing complaints of low back pain that radiated in the right lower leg. The physical examination demonstrated neurologic: Right plantar flexion 4+/5 muscle strength and all other bilateral lower extremities 5/5, positive straight leg raise on the right at 30, positive Faber test bilaterally. Lumbar spine had limited range of motion. Diagnostic imaging studies: MRI of the lumbar spine was mentioned in this report, which showed degenerative disc disease at L4-L5 and L5-S1. Official report was not available for review. Previous treatment included medication such as tramadol and omeprazole. A request had been made for anterior lumbar interbody fusion at L5-S1 with L5 iliac screw fixation, an inpatient stay for five days, an assistant surgeon for anterior approach, an inpatient rehabilitation facility for fourteen days (██████████) and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay for five days: 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 (ODG): Low back-lumbar and thoracic (acute and chronic), (updated 7/3/14). Hospital length of stay.

Decision rationale: Median length of stay based on the type of surgery (anterior lumbar fusion) is three days. The request for five days does not meet the guideline, and is excessive. Therefore, the request for an inpatient stay for five days is not medically necessary or appropriate.

Inpatient rehabilitation facility stay for fourteen days: 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 (ODG): Low back-lumbar and thoracic (acute and chronic), (updated 7/3/14). (Hospitalizations).

Decision rationale: Inpatient rehabilitation facility (hospitalizations) are not recommended for low back pain in the absence of major trauma (i.e., acute spinal fracture, spinal cord injury, or nerve root injury), acute or progressive neurological deficit, or the patient's inability to manage basic ADL's (activities of daily living) at home and 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. After reviewing the medical documentation provided as well as the guidelines, the request for inpatient rehabilitation stay of fourteen days is not medically necessary or appropriate.