Case Number:	CM14-0056328		
Date Assigned:	07/07/2014	Date of Injury:	08/05/1978
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California and Nevada. 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 72-year-old whose date of injury is August 5, 1978. The mechanism of injury is not described. Consultation report dated April 5, 2014 indicates that the injured worker underwent lumbar spine surgery at L4-5 and L5-S1 in 1982. He has had intermittent back spasms in the past that have only responded to caudal epidural adhesiolysis treatment; however, one of the complications of these procedures is that he has severe back spasms for one to two days after the treatment. The injured worker underwent caudal epidural adhesiolysis on April 5, 2014. Per note dated April 7, 2014, the injured worker is retired and lives with his spouse at home. The injured worker was independent with activities of daily living prior to hospitalization. The injured worker is ambulating without assistive devices and was discharged on this date. Follow up note dated May 5, 2014 indicates that the procedure was successful in treating the injured worker's lumbar spasms. A request was made for hospital stay and was not certified during the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital 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.

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, Hospital length of stay (LOS).

Decision rationale: Based on the clinical information provided, the request for hospital stay is not recommended as medically necessary. The Official Disability Guidelines support hospital stay for injured workers who have undergone operative procedures. The submitted records indicate that the injured worker underwent epidural adhesiolysis which does not generally require a hospital stay. The injured worker reportedly suffers from severe back spasms after these procedures; however, it is unclear why these spasms cannot be addressed on an outpatient basis. Given the current clinical data, the requested hospital stay is not in accordance with the Official Disability Guidelines, and medical necessity is not established. The request for a hospital stay is not medically necessary or appropriate.