

Case Number:	CM14-0081697		
Date Assigned:	06/04/2014	Date of Injury:	03/30/2009
Decision Date:	06/11/2014	UR Denial Date:	05/08/2014
Priority:	Expedited	Application Received:	06/03/2014

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 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:

The patient is a 36 year-old male with date of injury March 30, 2009. The most recent medical report, a [REDACTED] history and physical, dated May 02, 2014, lists subjective complaints as chronic low back pain radiating down the left leg. The patient underwent a lumbar partial laminectomy in 2012 which did not help his symptoms. He has walked with a cane since 2009. He uses Oxytocin 40mg in the am, 20mg at noon, and 40mg at night and Robaxin 500 two times per day for pain which is somewhat helpful. On May 01, 2014, the patient claims that while standing, his back spasmed and he was unable to stay standing and fell on the ground onto both hands and knees. He reported that when he woke the next day, he was unable to swing legs out of bed due to 10/10 low back pain with continued radiation down left leg as well as new pain in right leg. Objective findings: Examination of the lumbar spine revealed MMT produces extreme back pain, SILT to lower extremities, negative Hoffman's bilaterally, negative Babinski bilaterally, SLR negative and produces back pain. Straight leg raising was positive at 60 degrees on the left. Hip rotations were nonspecifically painful. The patient had moderate bilateral paraspinal muscle spasm that was not relieved by lumbar extension. He was able to walk on his heels and toes and do knee-bends without difficulty. There was no evidence of muscle atrophy or fasciculations. Diagnosis: Postoperative lumbar spine MRI scan with and without contrast on January 16, 2014 showed, 1. mild annular protrusion at L4-5 on the left without evidence of lateral recess stenosis 2. Minimal posterior lateral displacement of the origin of the L5 nerve root 3. Mild annular bulge in the midline at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT ADMISSION INTO A SKILLED NURSING FACILITY (SNF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC) SKILLED NURSING FACILITY (SNF) CARE.

Decision rationale: The Official Disability Guidelines allow for postoperative admission to a skilled nursing facility; however, the medical record contains very little information as to the reason for the request for admission to the skilled nursing facility. Information requested by the previous utilization review officer is not present. Without documentation, Inpatient Admission into a Skilled Nursing Facility (SNF) is not medically necessary.