

Case Number:	CM14-0193972		
Date Assigned:	12/01/2014	Date of Injury:	02/21/1997
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 69-year-old female with date of injury of 02/21/1997. The listed diagnoses from 10/06/2014 are: Status post C4 through C7 ACDF; adjacent level disease, C3-C4 and possibly also C2-C3 and Lumbar spondylolisthesis, degenerative type, L5-S1. According to this report, the patient has persistent paraspinal tenderness and spasm. Neuro status is intact. The report from 08/08/2014 shows the patient continues to complain of ongoing neck pain and back pain. Her pain does radiate into the upper back and upper trapezius. Examination shows limited range of motion in the cervical spine. The MRI of the cervical spine from 02/26/2012 showed postsurgical changes at C4-C5, C5-C6, and C6-C7; central stenosis of mild degree at C3-C4 and C6-C7; right neuroforaminal stenosis of mild degree at C3-C4 and C6-C7; right neuroforaminal stenosis of mild degree at C3-C4; and left neuroforaminal stenosis of mild to moderate degree at C3-C4 and mild degree at C6-C7. The documents include an MRI of the cervical spine from 02/26/2012 and progress reports from 06/13/2014 to 10/06/2014. The utilization review denied the request on 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Days at Skilled nursing facility post op: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, skilled nursing facility (SNF) care

Decision rationale: This patient presents with neck and low back pain. The patient is scheduled for anterior cervical discectomy and fusion at C3-C4, date unknown. The provider is requesting 7 days at Skilled Nursing Facility, post op. The MTUS and ACOEM Guidelines are silent with regards to the request. However, ODG on skilled nursing facility care states that it is recommended if necessary after hospitalization when patients require skilled nursing or skilled rehabilitation services or both on a 24-hour basis. The criteria for skilled nursing facility care include: 1. The patient was hospitalized for at least 3 days for major or multiple trauma or major surgery. 2. Physician certifies that the patient needs assisted care for treatment of major or multiple traumas postoperative significant functional limitations, or associated significant medical comorbidities. 3. The patient has significant new functional limitations such as inability to ambulate more than 50 feet or perform activities of daily living such as self-care, eating, or toileting. 4. Patient requires skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week requiring skills of technical or professional personnel such as nurse, physical therapist, and occupation or speech therapist. 5. Treatment is precluded in lower levels of care. 6. The skilled nursing facility is a Medicare-certified facility. The 10/06/2014 report notes that the patient has limited resources and lives alone and the provider is requesting home health or skilled nursing facility following surgery. The patient's discectomy and fusion has been scheduled. In this case, ODG recommends 10 to 18 days in a skilled nursing facility and the request is within guidelines. The request is medically necessary.