

<b>Case Number:</b>	CM15-0104428		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49 year old male with an industrial injury dated 07/06/2012. He was riding in the back of a truck when he was hit by a big roll of paper that landed on his back. His diagnoses included lumbar stenosis with neurogenic claudication and lumbar disc displacement. Prior treatment included medications and diagnostics. He presents on 01/05/2015 with back and leg pain with radiation to the lower extremity buttocks, thigh and calf. Physical examination showed moderate discomfort on palpation in the mid lumbar spine. There was diminished light touch to the lateral shin and anterior foot in the lower extremity. Treatment options were discussed with the injured worker. The provider documents "at this time the patient has failed all non-surgical therapy." The injured worker was admitted on 04/27/2015 for a lumbar fusion. He was treated with post-operative wound care, drain care, physical therapy, occupational therapy and intravenous antibiotics and pain medications. Treatment plan included admission to a skilled nursing facility/rehab after 3 days. The treatment request is for skilled nursing rehab for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skilled Nursing Rehab for 2 Weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**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 & Thoracic (Acute & Chronic), Skilled nursing facility (SNF) care).

**Decision rationale:** As stated by the Official Disability Guidelines, admission to a skilled nursing facility is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. A review of the available medical records shows no documentation of the following ODG criteria for admission to a skilled nursing facility. Criteria for skilled nursing facility care (SNF): The patient was hospitalized for at least three days for major or multiple trauma, or major surgery (e.g. spinal surgery, total hip or knee replacement) and was admitted to the SNF within 30 days of hospital discharge. A physician certifies that the patient needs SNF care for treatment of major or multiple trauma, post-operative significant functional limitations, or associated significant medical comorbidities with new functional limitations that preclude management with lower levels of care (e.g. COPD, heart disease, ventilatory support, spinal cord injury, significant head injury with cognitive deficit). The patient has a significant new functional limitation such as the inability to ambulate more than 50 feet, or perform activities of daily living (such as self care, or eating, or toileting). The patient requires skilled nursing or skilled rehabilitation services, or both, on a daily basis or at least 5 days per week. Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as nurses, physical therapists, and occupational or speech therapists. In order to be deemed skilled, the service must be so inherently complex that it can be safely and effectively performed only by, or under the supervision of, professional or technical personnel. The patient must be able to benefit from, and participate with at least 3 hours per day of physical therapy, occupational therapy and / or speech therapy. Treatment is precluded in lower levels of care (e.g. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe; and there are no outpatient management options). Without documentation of the above criteria, the Skilled Nursing Rehab for 2 Weeks is not medically necessary.