

Case Number:	CM15-0132942		
Date Assigned:	07/21/2015	Date of Injury:	10/15/2004
Decision Date:	08/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female who sustained an industrial injury on 10/15/2004 resulting in radiating low back pain. She has been diagnosed with intractable chronic low back pain; cauda equina syndrome; L4-5 spinal stenosis; recurrent lumbar herniated nucleus pulposus, L5-S1; radiculitis; and, failed back surgery syndrome. Treatment has included L4-5 laminectomy with L5-S1 fusion; physical therapy; injections; use of walker and scooter; and, medication, none of which were reported to provide relief. She had a Morphine pump which was removed 6/13/15. The injured worker reports chronic pain, weakness, falling, and is currently unable to walk. The treating physician's plan of care includes acute rehab in-patient physical and occupational therapy. She is not presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute rehab in-patient for physical and occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 25-26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual 2014 Criteria: Orthopedic / Amputation (Acute Rehabilitation).

Decision rationale: The claimant has a remote history of a work injury occurring in October 2004. She had been treated with an intrathecal opioid pump which was successfully managing her pain up until a few months prior to admission. She had worsening pain and decreased function and was found to have severe spinal stenosis. The opioid pump was removed and she underwent a multilevel lumbar decompression and fusion on 06/13/15. The claimant's BMI is over 37 and her past medical history includes diabetes and hypertension. While hospitalized, she had occupational and physical therapy treatments. Functionally, she required maximal assistance times two for transfers. She was wearing a TLSO and required maximal assistance for applying the orthosis. She required maximal assistance when ambulating with a rolling walker and was able to take 10 steps forwards and three steps backwards times two. A therapy assessment references fatigue and concern as to whether the claimant would be able to tolerate three hours of skilled therapy treatments per day. In this case, the claimant appears to have been unable to tolerate a comprehensive rehabilitation program of at least three hours per day and at a frequency of at least 5 days per week. Care provided at a lesser intensity such as SNF level care would have met the claimant's needs. There would have been no reason to think that therapy provided at a more intensive level would significantly impact her condition in a reasonable and predictable period of time. Acute level rehabilitation is not medically necessary.