

<b>Case Number:</b>	CM15-0163074		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/01/1994
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, New York, 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 applicant is a represented 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 1, 1994. In a Utilization Review report dated July 30, 2015, the claims administrator failed to approve a request for a continued stay in a skilled nursing facility. The claims administrator referenced a July 29, 2015 nursing note and a July 27, 2015 order form in its determination. The applicant's attorney subsequently appealed. A rehabilitation hospital PT progress note of July 15, 2015 suggested that the applicant had undergone earlier cervical laminectomy surgery on July 2, 2015. In a July 31, 2015 physical therapy progress note, it was stated that the claimant displayed no loss of balance in the facility. The claimant was described as walking to and from the bathroom without any difficulty. The claimant was able to pick up cones, negotiate cones, and move about without usage of any assistive devices.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued stay at skilled nursing facility:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back online version updated 7/17/2015.

**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 Problems, Skilled nursing facility (SNF) care.

**Decision rationale:** No, the request for a continued stay at a skilled nursing facility was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Low Back Chapter Skilled Nursing Facility Care topic does recommend skilled nursing facility care if necessary after hospitalization when an individual required skilled nursing or rehabilitation services or both on a 24-hour basis, here, however, the claimant's ambulatory status as of the physical therapy progress note of July 31, 2015 argued against the need for a continued stay at said skilled nursing facility. The claimant was able to ambulate without an assistive device, was able to negotiate cones, pick up cones, don a lumbar support of her own accord, sit on a bed, exhibit normal balance, etc. It did not appear, thus, that the claimant was an individual who required skilled nursing or rehabilitation services on a 24-hour basis as of the date in question. Therefore, the request was not medically necessary.