

Case Number:	CM15-0167969		
Date Assigned:	09/08/2015	Date of Injury:	04/23/2007
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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

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 50 year old male who sustained an industrial injury on 04-23-07. A review of the medical records indicates the injured worker is undergoing treatment for a lumbar herniated disc, low back pain and degeneration of lumbar/lumbosacral disc. Medical records (08/14/15) indicate a "significant amount of loss of balance when performing functional sit-stand without upper extremity use." Treatment has included right L2-S1 hemilaminotomies with bilateral L2-S1 foraminotomies and decompression of thecal sac and bilateral L3-S2 nerve roots. The documentation supports that the injured worker has been in an acute rehabilitation setting from 07/25/15 through 08/14/15. The original utilization review (08-18-15) non certified additional days in acute rehab.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional days at Acute Rehab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna Medical coverage policy no. 0427 Inpatient acute rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Skilled nursing facility.

Decision rationale: The patient presents with low back pain following laminectomy on 07/21/2015. The current request is for Additional days of acute rehab. The treating physician's report dated 08/13/2015 (28B) does not provide a rationale for this request. The MTUS and ACOEM Guidelines does not address this request, however, ODG on skilled nursing facility care states that it is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services or both on a 24-hour basis. The criteria includes: 1. The patient was hospitalized for at least 3 days for major or multiple trauma or surgery, 2. Physician certifies that the patient needs assisted care for treatment of major or multiple trauma, postoperative significant functional limitations or associated significant medical comorbidities, 3. The patient has significant new functional limitations, suggest inability to ambulate more than 50 feet or perform activities of daily living such as self-care, eating, or toileting, 4. The 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. ODG recommends 10 to 18 days in a skilled nursing facility or 6 to 12 days in inpatient rehabilitation facility. The 08/12/2015 (31B) notes, "The pt continues to make gains in his mobility and transfers, however still hyperextend at his L knee from mid to terminal stance. I suspect the hyperextension comes from L hip weakness as the patient showed decreased knee hyperextension after therapy targeting L hip strength. Future therapy should target B hip strength and quadriceps eccentric control." Records show that the patient was hospitalized for 20 days following lumbar surgery. While additional rehabilitation would be appropriate for this patient given his recent surgery and mobility issues, the request does not specify the number of sessions needed. The IMR does not allow alteration of the request. ODG does not support unlimited days of inpatient rehabilitation. The current request, as written, is not medically necessary.