MAXIMUS Federal Services

Case Number:	CM15-0183310		
Date Assigned:	09/24/2015	Date of Injury:	04/28/2000
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 04-28-2000. She has reported injury to the low back. The injured worker is being treated for disc degeneration lumbar spine; facet arthropathy; lumbar stenosis at multiple levels, L3-4 and L4-5 being the most significant; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, physical therapy, and home exercise program. Medications have included Tramadol and Nexium. A progress note from the treating physician, dated 08-18- 2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain with radicular pain in the bilateral lower extremities, left greater than right; she is not improving; she will be scheduled for a L3-4 and L4-5 laminectomy; she states that she will need some post op home assistance since she has no one to help her after the surgery; and she will not be able to perform her daily activities on her own. Objective findings included pain with spinal extension and rotation; she has got weakness, neurogenic claudication, and decreased sensation; her physical examination is unchanged from previous visits; she needs a lumbar decompression; and she will need home health aide services or a convalescent home and RN evaluation for wound check. The treatment plan has included the request for outpatient post-surgery convalescent home for 2-3 weeks. The original utilization review, dated 08-31-2015, non- certified the request for outpatient post-surgery convalescent home for 2-3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post-surgery convalescent home for 2-3 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) skilled nursing facility.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG recommends skilled nursing facilities only if the patient needs skilled nursing services or rehabilitation services on a 24 hour basis. The patient will be post-surgery however, the time requested is in excess of typical post-surgery recovery for this procedure. Therefore, the request is not medically necessary.