

Case Number:	CM15-0205500		
Date Assigned:	10/22/2015	Date of Injury:	11/23/2004
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 57-year-old female who sustained an industrial injury on 11/23/04. Injury occurred when she fell off an office chair striking her head with loss of consciousness. She awoke with low back pain radiating down the left leg. Past medical and surgical history was negative. Records documented the injured worker lived alone and she was concerned regarding post-operative home care. The 9/25/15 initial neurosurgical evaluation report cited constant moderate to severe low back pain radiating down through the left buttock to the calf with numbness. She had difficulty walking due to left leg weakness. Conservative treatment had included physical therapy, acupuncture, and epidural steroid injection without benefit. Physical exam documented limping gait favoring the left leg, inability to heel walk on the left, restricted lumbar range of motion, 3-4/5 left dorsiflexion weakness, 4/5 extensor hallucis longus weakness, symmetrical deep tendon reflexes, decreased left L5 dermatomal sensation, and positive straight leg raise. Imaging documented a large left sided L4/5 disc herniation with extruded fragment causing L4 and L5 nerve root compression. The injured worker had severe constant chronic low back pain with left lumbar radiculopathy that had failed conservative care, time and medications. Authorization was requested for left L4/5 microdiscectomy and associated surgical requests for assistant surgeon, one day inpatient stay, intraoperative spinal cord monitoring, front wheel walker, and post-operative skilled nursing facility (SNF) for 4 weeks. The 10/12/15 utilization review certified the request for left L4/5 microdiscectomy and the associated requests for assistant surgeon, one day inpatient stay, intraoperative spinal cord monitoring, and front wheel walker. The request for post-operative skilled nursing facility

admission for 4 weeks was non-certified as there was no information to support the need for extended 4 week SNF care after hospitalization for a procedure with a one day hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Skilled Nursing for 4 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).

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: Skilled nursing facility (SNF) care; Knee and Leg: Skilled nursing facility (SNF) care; Skilled nursing facility LOS (SNF).

Decision rationale: The California MTUS does not provide recommendations for skilled nursing facility (SNF) care. The Official Disability Guidelines recommend SNF admission if necessary after hospitalization when the patient requires skilled rehabilitation and/or skilled nursing services on a 24-hour basis. Guidelines provide specific indications for SNF care that include: hospitalization for 3 days for major surgery; a physician certifies the patient needs skilled care for post-operative significant functional limitations or associated significant medical co-morbidities; and treatment is precluded in a lower level (i.e. 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). Length of stay specifically for lumbar microdiscectomy is not provided, but 10 to 18 days are supported following total joint replacements if criteria are met. Guideline criteria have not been met. This injured worker has been certified for a left L4/5 microdiscectomy with a one day inpatient stay. There is no rationale presented to support the medical necessity of post-operative SNF care for this patient for a 4-week period of time. There is no documentation that the patient cannot be treated at home or has significant medical co-morbidities. There is no current indication of significant post-operative functional impairment. There is no evidence presented that treatment is precluded at lower levels of care (i.e. outpatient management options, home health care). Therefore, this request is not medically necessary.