MAXIMUS Federal Services

Case Number:	CM15-0036281		
Date Assigned:	03/04/2015	Date of Injury:	06/01/2012
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 37-year-old male, who sustained an industrial injury on 6/1/2012. He has reported a fall with an acute head and eye injury, subsequently also injuring left knee and lower back. He is status post incision and drainage for a left knee injection, with arthroscopic repair of a partial meniscectomy in January 2013. The diagnoses have included congenital lumbar stenosis with multiple disk protrusion, right shoulder impingement syndrome, and chronic pain syndrome. The medical records submitted indicated that admission to hospitalist service on 1/26/15 for low back pain. There was report of a fall with exacerbating back symptoms. The diagnoses included acute or chronic pain and sacral/lumbar strain. The medical records indicated that he reported being out of medication for four or five days prior to presenting to the Emergency Department. On 1/26/15, the provider documented concern for a history of drug seeking behaviors, results of a recent Magnetic Resonance Imaging (MRI) with foraminal stenosis at L4-5, which was out of proportion to the low back and leg pain reported. The discharge summary dated 2/5/15 documented that physical therapy, pain medication, and an epidural steroid injection were provided during the hospitalization. He was discharged to a skilled nursing facility in stable condition. On 2/6/2015 Utilization Review non-certified a hospital inpatient s length of stay x 11 days (from 1/26/15 to 2/6/15), noting the documentation did not support acute changes per guidelines for medical necessity. The ODG Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of hospital inpatient s length of stay x 11 days (from 1/26/15 to 2/6/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital inpatient LOS x 11 days (01/26/15 to 02/06/15): 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 - Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back pain, Hospitalization.

Decision rationale: The patient is a 37-year-old male with an injury on 06/01/2012. He reported a fall with acute head trauma and an eye injury but subsequently had left knee pain and back pain. He ran out of pain medications for 4 to 5 days and then presented to the ER on 01/26/2015. He was admitted until 02/06/2015. There was a question about abnormal drug seeking behavior as the symptoms appeared to be out of proportion to the lumbar MRI findings. There was no major trauma documented. ODG note that hospitalization for back pain is not recommended unless there is documentation of major trauma. The services he received during the admission - physical therapy, epidural steroid injection and pain medications could have been safely provided as an outpatient. Inpatient acute care was not medically necessary nor was it provided.