

Case Number:	CM15-0040014		
Date Assigned:	03/10/2015	Date of Injury:	03/27/2014
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 33 year old sustained an industrial injury to the back on 3/27/14. Previous treatment included physical therapy, injections, epidural steroid injections, lumbar corset, lumbar brace and medications. On 12/6/14, the injured worker's leg gave out causing him to fall. The injured worker was taken to the Emergency Department and admitted to the hospital for four days. The injured worker received lumbar spine magnetic resonance imaging and computed tomography, right lower extremity Doppler ultrasound, lumbar spine epidural steroid injections and medications. In a neurosurgical follow up dated 12/10/14, the physician's impression was multi-level lumbar degenerative disease with low back pain and bilateral leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay (hospitalization and treatment) 4 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefit Policy Manual; Chapter 1, Section 10; Observation services.

Decision rationale: Pursuant to the Medicare benefit policy manual, inpatient stay (hospital and treatment) four days is not medically necessary. Observation services or a well-defined set of specific, clinically appropriate services, which include ongoing short-term treatment, assessment and reassessment, that are furnished while the decision is being made regarding whether patients will require further treatment at hospital in patients or if they are able to be discharged from the hospital. In this case, the injured worker was admitted to the Western medical Center on December 6, 2014. Reportedly, the right leg "gave out" and the "went down". He was taken to the emergency room and was admitted to the hospital. There are no hospital treatment records in the medical record. The diagnostic testing results are present in the record and include CAT scan of the lumbar spine (ED date December 6, 2014 showed no CT evidence for acute fracture or subluxation in the lumbar spine. There are multilevel degenerative disc changes throughout the lumbar spine from L2 - L3 through L5 - S1. An MRI was performed in the emergency department (ED) on the December 6, 2014. The impression was no MRI evidence of fracture in the lumbar spine. Scattered multilevel degenerative disc, endplate and fast changes in the lumbar spine as described. There were no emergency department clinical records. There were no inpatient medical records or decision-making documents in the record. An ultrasound of the lower extremities was performed to rule out deep vein thrombosis. This test was negative. The only available documentation was garnered from the utilization review. The utilization review referenced the discharge summary. The injured worker was offered a lumbar epidural steroid injection, which did not alleviate the injured worker symptoms. The injured worker was discharged home on December 9, 2014. At the time of discharge, the pain was slightly improved. There are no medical records and documentation to make an informed decision as to whether an inpatient hospital stay was appropriate. Observation services provide short-term treatment, assessment and reassessment before decision is made for discharge or admission to the hospital. The injured worker would have been well served to be placed in an observation setting evaluated and reevaluated before making a decision for discharge or upgrading the injured worker to an inpatient setting. There is no documentation in the medical record to make that determination and, consequently, inpatient stay (hospital and treatment) for four days is not medically necessary.