

Case Number:	CM15-0062443		
Date Assigned:	04/08/2015	Date of Injury:	02/27/1999
Decision Date:	05/07/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/02/2015

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

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

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 54 year old male, who sustained an industrial injury on February 27, 1999. He reported back pain and shoulder pain. The injured worker was diagnosed as having chronic back pain with a large amount of narcotics, muscle relaxants and benzodiazepines for pain control, status post multiple back surgeries, nerve stimulator implant, bladder stimulator implant and history of narcotic overdose in 2012 with respiratory failure. Treatment to date has included diagnostic studies, surgical interventions, conservative care, medications and work restrictions. Currently, the injured worker complains of continued pain in the back and shoulder and respiratory failure. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he took large doses of medications daily for pain. His family and neighbor reported decreased mentation on March 3, 2015, before witnessing him take a handful of his pills. It was noted there was no suicidal ideation. He was taken to the emergency department by ambulance and intubated. He had a stay in the intensive care unit and recovered without further incident. A request for one day of home health care was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOS (length of stay) 1 day: 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), Treatment index, 11th edition (web) 2014 Pulmonary chapter, Hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Hospital Length of Stay (LOS); Low Back Chapter, Hospital Length of Stay (LOS).

Decision rationale: Regarding the request for "length of stay 1 day", MTUS does not address the issue. ODG recommends the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. Within the documentation available for review, it is unclear if the patient is undergoing a surgery or procedure for which an inpatient stay would be indicated. There is no statement indicating what the length of stay is intended to be used for and why it is medically necessary. In the absence of such documentation, the currently requested "length of stay 1 day" is not medically necessary.