MAXIMUS Federal Services

Case Number:	CM15-0085223		
Date Assigned:	05/07/2015	Date of Injury:	07/31/2011
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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

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 47 year old male patient who sustained an industrial injury on 07/31/2011. A follow up visit dated 11/19/2014 reported the patient with difficulty obtaining medications. He states that he would like to switch medication back to Fentanyl patches instead of Norco. He reports having to take up to 6 tabs daily without any significant relief of symptom. The active medication list is: Lisinopril, Cymbalta, Synthroid, ASA, Albuterol, Tramadol, Bactrim DS, and Norco 10/325mg. The patient is allergic to Ibuprofen. The assessment noted the patient with chronic back pain. The plan of care described the patient with Fentanyl refill 50 mcg. The patient was seen in an emergency room setting twice for evaluation of chest pains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital stay unspecified timelength: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interqual; Apollo Managed Care, Medical 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)Low Back Chapter under Hospital length of stay (LOS).

Decision rationale: This patient suffers from chronic low back pain. The Request for Authorization is not provided in the medical file. The current request is for inpatient hosptial stay unspecified time length. The ACOEM, MTUS and ODG guidelines do not discuss Length of hospital stay for chest pains. ODG Guidelines, Low Back Chapter under Hospital length of stay (LOS) states: "ODG hospital length of stay (LOS) guidelines: Discectomy (icd 80.51 - Excision of intervertebral disc) Actual data -- median 1 day; mean 2.1 days (0.0); Laminectomy (icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root) Actual data -- median 2 days; mean 3.5 days (0.1).." According to an emergency department report dated 03/03/15, the patient presents for an evaluation of chest discomfort. It was noted that the patient has past medication history including TIA, hypertension, hyperlipidemia asthma, obstructive sleep apnea, borderline diabetes, and chronic pain syndrome. A series of tests were performed including chest x-rays, 2 EKGs, and blood work. EKG and x- rays were within normal limits. The treating physician stated chest pain is of uncertain etiology and the case was discussed in detail with [redacted], and he kindly will admit the patient. There is no further discussion regarding the requested hospital stay. The ED report does not specify length of stay and there is no RFA in the medical file. The UR denial letter stated non-certification: Inpatient hospital stay 03/03/15-03/11/5." The recommended length of stay varies depending on symptoms and types of surgery. The medical records are not clear on why the patient required an 8 day hospital stay. The patient presented to the ED complaining of chest pain and all initial testing were negative. No further documentation is provide discussing the requested hospital stay. No explanations are provided as to the length of hospital stay. Given the lack of discussion regarding medical necessity, the current request IS NOT medically necessary.