

<b>Case Number:</b>	CM15-0085390		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/23/2015
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

MRIs were done on 3/18/2015 noting very severe cervical 5-6 stenosis and cord impingement from disc extrusion, and cervical neuro-foraminal narrowing. His treatments have included cervical-collar; spinal surgery (4/20/15), followed by intensive care on Pressors and pain control; and medication management. The progress notes of 4/15/2015 note cervical myelopathy and undergoing cervical laminoplasty of cervical 4-7, on 4/20/2015. The progress notes of 4/22/2015 reported issues with hard stool and urinary retention - without work-up; and an aborted urgent spinal surgery due to cardiogenic shock - stabilized. The objective findings were noted to include bilateral upper/lower extremity weakness, right > left; neck tenderness; neuromusculoskeletal deficits including quadriparesis, and gait abnormality with possible neurogenic bowel/bladder; resulting in a decline from his previous functional status. The physician's requests for treatments were noted to include post- acute in-patient rehabilitation due to incomplete spinal cord injury, with management for associated neuropathic pain, spasticity, and neurogenic bowel/bladder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-patient acute rehab, QTY: 14 days: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Neck & Upper Back Chapter - 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) Low Back Chapter, Spinal cord injury rehabilitation programs head chapter, Interdisciplinary rehabilitation programs (TBI).

**Decision rationale:** The patient presents on 04/28/15 with generalized weakness and unrated pain to the bilateral upper and lower extremities, right side greater than left, and loss of bowel and bladder control. The patient's date of injury is 01/23/15, initially he was seen for a lumbar spine complaint, however further evaluation revealed significant cervical spine stenosis and lesion requiring C3-C6 laminectomy. Patient is status post C3-C7 laminoplasty following incomplete cervical spinal cord injury on 04/20/15. The request is for in-patient acute rehab qty 14 days. The RFA was not provided. Physical examination dated 04/28/15 reveals reduced strength (limited by pain) in the bilateral upper extremities, decreased sensation in the 4th and 5th digits, and numbness throughout the ulnar nerve distribution bilaterally. Lower extremity examination reveals decreased strength bilaterally, especially on hip flexion, and intact light touch sensation bilaterally. The provider notes that the patient presents with a cervical collar, and that some examination techniques are limited by patient's pain. The patient is currently prescribed Norco, MS Contin, and Oxycodone. Diagnostic imaging included MRI of the cervical spine dated 03/18/15, significant findings include: "severe central canal stenosis and cord impingement due to disc extrusion at C5-6 level; cord impingement due to smaller disc protrusions at C4-5 and C6-7 levels; and severe bilateral foraminal stenosis due to bony degenerative disease at C4-5, C5-6, and C6-7 levels." Patient is totally disabled. ODG Low Back Chapter, under Spinal cord injury rehabilitation programs has the following: "Recommended as indicated below. Also see the Head Chapter, Criteria for Interdisciplinary brain injury rehabilitation programs (postacute care). Interdisciplinary rehabilitation programs range from comprehensive integrated inpatient rehabilitation to residential or transitional living to home or community-based rehabilitation. All are important and must be directed and/or overseen by a physician, board-certified in physiatrist or another specialty, such as neurology or neurosurgery, with additional training in brain injury rehabilitation. All programs should have access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dieticians, therapeutic recreation specialists and others. The individual's use of these resources will be dependent on each person's specific treatment plan. All phases of treatment should involve the individual's family/support system. Criteria for Interdisciplinary spinal cord rehabilitation programs: 1.) Ongoing comprehensive rehab program with at least 3 disciplines and 4 hours/day, 5 days/week; 2.) Measurable progress documented toward pre-established goals with gains sustained; 3.) Mental status change and neurological assessment ongoing; 4.) Neurologic change and neurological assessment ongoing; 5.) Pain management addressed; 6.) No longer than 2-4 weeks without evidence of significant demonstrated efficacy as documented by subjective and objective gains." In this case, the provider is requesting a 14-day in-patient acute rehab for this patient's incomplete spinal cord injury. The documentation provided indicates that this patient underwent

at least a 7-day stay in the multi-disciplinary program (04/23/15 through 04/30/15), as utilization review modified the original 14 day stay request to allow for 7 days. The in-patient rehabilitation progress notes indicate that this patient suffers from severe neurogenic pain, neurogenic bowel and bladder, and muscle weakness in all extremities. Addressing the ODG criteria for spinal cord rehabilitation: This comprehensive in-patient program includes at least 3 medical disciplines performing treatments and physical therapy >4 hours per day 5 days per week. The provider notes document measurable progress toward set goals; especially in bowel/bladder training, PT/OT, and pain management. The notes also display consistent documentation of mental status, regular neurological assessments, and regular pain management adjustments. ODG allows for two to four weeks stay with demonstrated subjective and objective gains, the request as written falls within these recommendations. The documentation provided satisfies ODG criteria for 14 days attendance of an interdisciplinary spinal cord injury rehabilitation program, which could provided significant functional benefits for this patient. The request is medically necessary.