

Case Number:	CM14-0142012		
Date Assigned:	09/10/2014	Date of Injury:	09/20/2000
Decision Date:	10/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Neurology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 63 year old female with a reported date of injury of 9/20/2000. There is no documentation provided to report the mechanism of injury. The injured worker is status post intradiskal electrothermal annuloplasty (IDET) at the L4-L5 level and L5-S1 in June of 2001. The IW was still reporting radicular symptoms and was diagnosed with post-laminectomy syndrome. The IW did have a long history of opioid use for pain control and had developed and opioid dependency. The IW did undergo inpatient treatment for this opioid dependence. Because the IW continued to report significant radicular symptoms in the lower extremities, a decision was made to proceed with an anterior lumbar interbody fusion at L4-L5 as well as posterior lumbar decompression and fusion. There is no post-operative examination provided in the documentation to report the level of function of the IW. The only information provided is from communication from a previous reviewer and the Surgeon's Physician Assistant reporting the IW is having difficulty getting in and out of bed and that three to five days of rehabilitation should be sufficient. The previous request for an acute rehabilitation stay for seven days was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute Rehab Stay (7 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back: Skilled nursing facility (SNF)

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 Skilled nursing facility (SNF) care, Criteria for skilled nursing facility care (SNF)

Decision rationale: Although the Official Disability Guidelines would recommend using a skilled nursing facility as a means to provide acute rehabilitation for a patient that has undergone spine surgery and in need of physical therapy, the documentation to report the functional limitations of the IW is not provided for this case. The only statement in the documentation provided is the IW is having difficulty getting in and out of bed. There is no physical therapy assessment stating if assistance is needed in transferring in and out of bed. There is no assessment to report if the IW would benefit and can participate in at least three hours a day of therapy (a requirement of acute or inpatient rehab). Because of the lack of documentation to necessitate a seven day acute rehabilitation admission in an inpatient facility, the request is not medically necessary.