

Case Number:	CM14-0216687		
Date Assigned:	01/06/2015	Date of Injury:	07/12/2010
Decision Date:	03/05/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Orthopedic Surgery, Sports 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:

The injured worker is a 35-year-old male who reported an injury on 07/12/2010. The mechanism of injury was bending over. His diagnoses included status post removal of lumbar spine hardware, cervical discopathy, status post L4-S1 posterior lumbar interbody fusion, rule out shoulder impingement/rotator cuff tear, bilateral elbows, medial epicondyles, and cubital tunnel syndrome, rule out internal derangement of bilateral hips, internal derangement of left knee, rule out internal derangement of right knee. His past treatments have included physical therapy, pain medication. His diagnostic studies have included a digital scout x-ray of the lumbar spine on 07/16/2014, and a nerve conductive study on 11/10/2014, x-rays of flexion/extension of the lumbar spine on 05/27/2014. MRI of the lumbar spine dated 05/16/2013 shows status post L5-S1 laminectomy and fusion. An EMG dated 12/15/2013 and a hardware block on 06/16/2013. His surgical history has included lumbar fusion, low back surgery in 2012 with spinal fusion of L4-5 and L5-S1. The clinical progress report dated 11/25/2014 documented the patient with a complaint of pain of 6/10. He states he has constant pain in the low back and cervical spine. He rated the low back pain at a 6/10, the cervical pain at an 8/10. On physical exam, the patient was noted to have palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test, and a positive Spurling's maneuver. His medications included Norco 10/325 mg, and Flexeril. His treatment plan was to followup up with the surgeon in 1 week for staple removal, and continue taking the appropriate pharmacological agents for symptomatic relief. The rationale for the request was not included, and the Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for in-patient hospital stay in intensive care unit for three (3) days from 11/07/2014 to 11/10/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Salerni AA. Minimally invasive removal or revision of lumbar spinal fixation. Spine J. 2004 Nov-Dec;4(6):701-5.

Decision rationale: The request for retrospective request for in-patient hospital stay in intensive care unit for three (3) days from 11/07/2014 to 11/10/2014 is not medically necessary. The hospital documentation dated 11/10/2014 documented that after being admitted, the patient underwent surgical procedure, intraoperatively he did not have any complication. Postoperatively, the patient's course was uneventful. The patient was ambulated with physical therapy, which was gradually progressed as tolerated by the injured worker. The injured worker was kept on PCA for pain control, which was tapered off. He tolerated well. He did not develop any complications. Once he was ambulatory and independent, he was discharged home. The California MTUS/ACOEM Guidelines do not address the request for hospital length of stay after hardware removal, the Official Disability Guidelines do not address the request for length of stay after hardware removal. An article in Spine Journal indicated a study performed with 6 patients admitted for hardware removal, and their hospital length of stay averaged 1 day for the group. At 1 month after surgery, no patient felt limited by incisional pain. No complications occurred. Although this study does not indicate whether this was a regular hospital postsurgical bed or an ICU bed, the patient's stay of 3 days in an ICU bed appears excessive compared to the article. Therefore, the request is not medically necessary.