

Case Number:	CM15-0118257		
Date Assigned:	06/26/2015	Date of Injury:	01/29/2005
Decision Date:	08/31/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/18/2015

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: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 1-29-05. He reported pain in his lower back after a crane snagged his safety line and pulled him off a building. The injured worker was diagnosed as having intractable back pain, history of spinal surgeries, chronic pain syndrome, narcotic dependence and anxiety and depression. Treatment to date has included inpatient physical therapy, an inpatient lumbar CT, an L4-L5-S1 laminectomy in 2005, Oxycodone, Robaxin, Vicodin and Tramadol. On 12-21-14 the treating physician noted on the history and physical that the injured worker was unable to ambulate due to severe back pain and was to be admitted to the medical floor. As of the inpatient progress note dated 12-22-14, the injured worker reported significant pain and is able to get up briefly with physical therapy and a cane. He is on intravenous Dilaudid for intractable pain. Objective findings include decreased lumbar range of motion. The treating physician noted that the injured worker had run out of medications a week prior and had not contacted his pain specialist for refills. The treating physician requested an inpatient admission x 2 days (DOS 12-21 to 12-23-14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective inpatient admission 2 days (DOS 12/21-12/23/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification section, Home Health Services section Page(s): 42, 51.

Decision rationale: Review of the clinical reports indicates that in December 2014 the injured worker had presented to the emergency department with intractable back pain and secondary symptoms that had increasingly developed over months. The injured worker was admitted because he could not walk due to the pain. Review of the CA MTUS Guidelines, ODG, and National Guideline Clearinghouse does not support hospital admission due to mobility problems from pain alone. Hospital admissions with chronic pain patients may be supported in some cases when detoxification is the objective. Mobility and inability to conduct ADLs alone is not an indication for hospital admission as non-medical personnel can provide assistance if necessary. There is no medical indication provided for this hospital admission. The request for retrospective inpatient admission 2 days (DOS 12/21-12/23/14) is determined to not be medically necessary.