

Case Number:	CM15-0176465		
Date Assigned:	09/17/2015	Date of Injury:	11/04/2002
Decision Date:	10/27/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Illinois
 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 medical records were printed, but mostly illegible. The injured worker is a 68 year old male who sustained an industrial injury on 11-4-02. A review of the medical records indicates he is undergoing treatment for low back pain, predominantly right-sided - question lumbar sprain and strain, right-sided L3-4 and L4-5 disc protrusions without evidence of radiculopathy, moderate central canal lateral recess stenosis at L4-5 due to a combination of disc protrusion and facet and ligamentum flavum hypertrophy with symptoms suggestive of mild neurogenic claudication that has not been disabling, and right thigh numbness and tingling - question neuralgia paresthetics. He also has diagnoses of diabetes mellitus, type II, hypertension, dyslipidemia, a history of low back pain, and skin cancer. Medical records (9-10-13 - 9-13-13) indicate that the injured worker presented to the emergency department with complaints of "severe low back pain". He reported that he noted the back pain after a specific task, that "significantly worsened" by the following day when standing up. His pain was noted in the right lower back. He denied numbness, tingling, or weakness in his extremities. The physical exam indicates tenderness over the right sacroiliac region that is "not reproducible to deep palpation". The emergency room provider diagnosed sacroiliac strain, lumbar strain, lumbar disc disease, and radiculopathy. He was treated with intramuscular Morphine and oral Valium. The treating provider states that the injured worker "is not even able to sit up on the edge of the bed". He was admitted to the hospital for "inpatient pain control" and "ongoing evaluation and management". X-rays of the lumbar spine were, originally, ordered by the treating provider, but later cancelled by a

consulting provider. An MRI of the lumbar spine was ordered. The injured worker reported that he has a history of "2 disc bulge from an MRI 12 years ago". Ongoing examination revealed a positive straight leg test on the right. Treatment included Dilaudid as needed for pain and a Lidocaine patch. His symptoms were noted to "be improving" on 9-11-13. Treatment recommendations included physical therapy. The utilization review (8-3-15) indicates a request for authorization for a hospital admission with dates of service 9-10-13 to 9-13-13. The request was denied, indicating that "there is no documentation of a diagnosis or condition with supportive or subjective findings for which hospital admission or observation is indicated", as well as "no documentation of a continued diagnosis or condition with supportive subjective, objective, or imaging findings, for which an inpatient stay beyond a 48 hour hospital admission would be indicated".

IMR ISSUES, DECISIONS AND RATIONALES

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

In patient Hospital stay x3 days (DOS: 9/10/13-9/13/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare General Information, Eligibility, and Entitlement Chapter 4- Physician Certification and Recertification of Services; http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0411_coveragepositioncriteria_observation_care.pdf.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital length of stay (LOS) Low Back - Lumbar & Thoracic (Acute & Chronic) and Other Medical Treatment Guidelines American College of Emergency Medicine Clinical & Practice Management Utilization Review FAQ <http://www.acep.org/Clinical---Practice-Management/Utilization-Review-FAQ/>.

Decision rationale: The injured worker sustained a work related injury on 11-4-02. The medical records provided indicate the diagnosis of low back pain, rule out lumbar sprain and strain; right-sided L3-4 and L4-5 disc protrusions without evidence of radiculopathy, moderate central canal lateral recess stenosis at L4-5 due to a combination of disc protrusion and facet and ligamentum flavum hypertrophy. He also has diagnoses of diabetes mellitus, type II, hypertension, dyslipidemia, a history of low back pain, and skin cancer. Treatments have included medications, including Dilaudid and Lidocaine patch; physical therapy. The medical records provided for review do not indicate a medical necessity for In-patient Hospital stay x3 days (DOS: 9/10/13-9/13/13). There are no specific criteria for determining hospital length of stay. However, Medicare's inpatient prospective reimbursement system uses hospital diagnosis codes to determine the Diagnosis Related Group (DRG) which is used in determining payment for the inpatient admission. Each DRG has a mean length of stay which is used in determining the relative weight and payment. Consequently, hospital stay less than the average stay for that DRG is considered overpayment, and reflects an inappropriate admission. Therefore, Medicare and a state's Quality Improvement Organization (QIO) monitor hospital discharges. The MTUS is silent on Hospital Length of stay and there were no other guidelines available for determining this case except the Official Disability Guidelines. The Official Disability Guidelines specified the

hospital length of stay for various surgical procedures, or fracture involving the low back, but there was no mention of hospital length of stay; primarily for low back pain. The medical records indicate the injured worker was admitted for intractable low back pain, there was no documentation of surgery or any procedure and therefore is not medically necessary.