

Case Number:	CM15-0046691		
Date Assigned:	03/18/2015	Date of Injury:	06/13/2007
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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: Emergency 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 56-year-old male who sustained an industrial injury on 6/13/07. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having status post L2-S1 lumbar spine anterior/posterior fusion on 1/25/13 with stage 2 on 1/28/13, L1-L2 disc protrusion, partial osseous fusion at L4-L5 and L5-S1 and non-fusion at L3-L4, T12-L1 disc bulge with facet hypertrophy, L1-L2 disc bulge with mild central stenosis and bilateral lateral recess stenosis with moderate to severe disc space narrowing and vacuum phenomenon. Patient had another lumbar surgery on 2/16/15 for cauda equina syndrome. Pt had removal of prior spinal surgery hardware at L2-3 and L1-2 laminectomy and facetectomy. Treatments to date have included status post interbody fusion and posterior stabilization and instrumentation of L2-L3 through L5-S1, home exercise program, and pool therapy. Currently, the injured worker complains of pain in the back with radiation to the lower extremities. Documentation states that patient is able to stand with minimal assistance and is able to ambulate with a walker. The plan of care was for acute rehabilitation admission.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acute Rehab Admission, 10 days: Upheld

Claims Administrator guideline: The Claims Administrator 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.

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, skill nursing/acute rehabilitation admission is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. Documentation does not support need for 24-hour rehabilitation or medical care. Patient is noted to be able to ambulate with a walker. While the patient requires significant physical therapy and rehabilitation, documentation fails to support acute rehab admission. Therefore, the request is not certified.