

Case Number:	CM15-0061093		
Date Assigned:	04/07/2015	Date of Injury:	02/22/2007
Decision Date:	05/06/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/31/2015

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:

This 61 year old female sustained an industrial injury lumbar spine on 2/22/07. Previous treatment included magnetic resonance imaging, computed tomography myelogram, lumbar fusion and medications. In a PR-2 dated 3/11/15, the injured worker continued with severe low back pain with radiation to bilateral legs and difficulty walking. Recent computed tomography myelogram showed a solid fusion from L3 to S1 and advanced intervertebral degenerative changes from L2-3. Current diagnoses included adjacent level degenerative disc disease with stenosis at L2-3 and remote L3 through S1 fusion. The treatment plan included advancing lumbar fusion through L2-3. No operative report or postoperative physical therapy evaluation was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient acute rehabilitation unit, 1 week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lower Back, Length of hospital stay.

Decision rationale: The requested Inpatient acute rehabilitation unit, 1 week, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Lower Back, Length of hospital stay, noted: Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique) Actual data: median 3 days; mean 3.9 days (0.1); discharges 161,761; charges (mean) \$ [REDACTED]. Best practice target (no complications) 3 days. Note: About 15% of discharges paid by workers compensation. Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique) Actual data: median 3 days; mean 4.2 days (0.2); discharges 33,521; charges (mean) \$ [REDACTED]. Best practice target (no complications) 3 days. Lumbar Fusion, lateral (icd 81.07 - Lumbar fusion, lateral transverse process technique) Actual data: median 3 days; mean 3.8 days (0.2); discharges 15,125; charges (mean) \$ [REDACTED]. Best practice target (no complications) 3 days. The injured worker has severe low back pain with radiation to bilateral legs and difficulty walking. Recent computed tomography myelogram showed a solid fusion from L3 to S1 and advanced intervertebral degenerative changes from L2-3. Current diagnoses included adjacent level degenerative disc disease with stenosis at L2-3 and remote L3 through S1 fusion. The treatment plan included advancing lumbar fusion through L2-3. No operative report or postoperative physical therapy evaluation was submitted for review. The treating physician has not documented the medical necessity for this treatment. The criteria noted above not having been met, Inpatient acute rehabilitation unit, 1 week is not medically necessary.