

<b>Case Number:</b>	CM15-0091435		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/29/2005
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 01/29/2005. He reported lumbar pain. Treatment to date has included medications, psychotherapy and multiple back surgeries. According to a hospital consultation report dated 04/26/2015, the injured worker fell at home 3 days prior. A computed tomography scan was negative for trauma. Since the fall his pre-existing chronic pain had increased significantly. Review of systems included severe bilateral back pain and difficulty walking. Diagnoses included L2-3 mild, L3-4 moderate central stenosis on computed tomography lumbar scan of 12/21/2014, acute exacerbation of pre-existing failed back surgery syndrome, status post L4-5 and L5-S1 laminectomy discectomy in 2005, status post repair of lumbar CSF fistula in 2005, status post L4-5 and L5-S1 anterior interbody fusion and posterior pedicle screw rod fixation in 2007, moderately severe obesity and failed back surgery syndrome. The provider noted that the injured worker had not suffered any new injury, just aggravation of pre-existing failed back surgery syndrome. Conservative treatment was noted as appropriate and included pain management and physiotherapy. The provider also noted that when the injured worker was able to ambulate on his own, he may be discharged within 2-3 days. Currently under review is the request for inpatient admission.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient admission:** 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 evaluation of progress Page(s): 8. Decision based on Non-MTUS Citation No guidelines, LC4610.5 (2).

**Decision rationale:** The patient was injured on 01/29/05 and presents with discomfort in the abdomen, chronic radiating/piercing pain in the mid to lower back, headaches, and fatigue. The request is for an inpatient admission. There is no RFA provided and the patient is unable to return to work. The report with the request is not provided. MTUS/ACOEM and ODG do not discuss inpatient admission. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. MTUS page 8 states "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In this case, the treater has not provided reason for the request, nor indicated any surgery the patient has planned in the near future. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, including the reason for the requested inpatient admission. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations. Medical necessity for the request cannot be established. Therefore, the requested inpatient admission IS NOT medically necessary.