

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for retrospective admission to short term rehabilitation (nursing home) **was not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/3/2013 disputing the Utilization Review Denial dated 4/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for retrospective admission to short term rehabilitation (nursing home) **was not medically necessary and appropriate.**

### Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 2, 2013

“NURSE SUMMARY: This 32 year old claimant alleges injury to the low back on 03/23/2013 while moving boxes overhead at work. Prior history of L5-S1 issues, only documented as a “prior injury.” Pain worsened over the next few days, eventually rendering the claimant bedbound. She called an ambulance to take her to the hospital.

“CURRENT CASE SUMMARY: 03/27/13 ED notes reports burning on urination, unable to get out of bed to use the restroom. Physician unable to assess mid back due to body habitus and inability to sit up. Neurovascular status is intact. Provider opined there was no need for emergency imaging. Pain control with dilaudid and ibuprofen was attempted. UA results negative. Recommending admission to SNF. She was admitted on 03/28/13 to LaSalette SNF.”

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 4/3/13)
- Notice of Utilization Review Findings from [REDACTED] (dated 4/2/13)
- Initial Report EBM/ODG Guidelines from [REDACTED] (dated 4/12/13)
- Notice of Utilization Review Findings from [REDACTED] (dated 5/13/13)
- Medical Records from [REDACTED] (dated 3/26/13)
- Letter from [REDACTED] (dated 4/12/13)
- Medical Records from [REDACTED] (dated 4/19/13 and 4/26/13)
- MRI of lumbar spine from [REDACTED] (dated 4/19/13)
- Medical Records from [REDACTED] (dated 5/6/13-5/15/13)

- Medical Records from [REDACTED] (7/10/12-9/13/12)
- Official Disability Guidelines (ODG) (updated 6/12/13), Hip and Pelvis, Skilled Nursing Facility Section

**1) Regarding the request for retrospective admission to short term rehabilitation (nursing home):**

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (updated 6/12/13), Hip and Pelvis, Skilled Nursing Facility Section because the California Medical Treatment Schedule (MTUS) is silent on this issue. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee experienced back pain at work on 3/20/13 while moving boxes overhead. The pain worsened over 2-3 days rendering the employee bedbound. An ambulance was called on 3/26/13 and the employee presented to the emergency department for evaluation. On examination the employee was experiencing burning on urination. An assessment of the mid back was not performed due to body habitus and an inability to sit up or get out of bed. Analgesia with Dilaudid and Ibuprofen were administered. There were no red flags to suggest cord compression. Imaging was not performed and urinalysis results were negative. The employee was referred and transferred to a SNF on 3/28/13 – 4/2/13 for care.

Placement in a SNF is recommended after surgery or acute treatment when subsequent care can be provided by the SNF. ODG's recommend "10-18 days in a SNF or 6-12 days in an inpatient rehabilitation facility (IRF), depending on availability of proven facilities, following a 3-5 days acute hospital stay for arthroscopy". In this case, a cursory evaluation was performed in the emergency department, a limited attempt at pain management was initiated, and there was no definitive diagnosis. The retrospective admission to short term rehabilitation (nursing home) **was not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.