MAXIMUS Federal Services

Case Number:	CM13-0020596		
Date Assigned:	12/18/2013	Date of Injury:	10/04/2010
Decision Date:	02/18/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/05/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old male who reported an injury on 10/04/2010. The patient is diagnosed with displacement of lumbar intervertebral disc without myelopathy. The only clinical note provided for review was a 07/23/2013 Workers' Compensation Report submitted by [redacted]. The patient was status post L5-S1 TLIF and axial LIF on 07/23/2012. The patient presented for a routine postoperative visit. The patient reported continuous sharp, stabbing pain over the buttock area with prolonged sitting. The patient also reported residual numbness in the left toes. It was noted that the patient was to continue on total temporary disability until further notice, and was pending surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Clearance 2 day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov/content.aspx?id=24226&research=pre-op+clearance, Intervention and Practices Considered.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89,92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Low Back Chapter, Hospital Length of Stay.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As the patient's surgical procedure has not been authorized, the current request for preoperative clearance and 2 days inpatient hospital stay is not medically necessary. Therefore, the request is non-certified.

Chest x-ray: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

EKG: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

Pre-Op Labs SGPT, BUN Creatine, Glucose, Electrolytes, HCT, CHEM 14, UA, SGOT: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

CBC w/Platelets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

Hardware Removal Revision of Prior L5/S1 Fusion/Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Implant Removal (fixation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Implant Removal (fixation).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair, and failure of conservative treatment. Official Disability Guidelines state hardware implant removal is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. As per the clinical notes submitted, there is no documentation of persistent pain despite conservative treatment. It is noted that the patient did very well ambulating with occupational and physical therapy postoperatively. There is no evidence that other options have been ruled out including infection and nonunion. There were no imaging studies or radiographic films submitted for review. Therefore, there is no evidence of broken hardware. The patient does not currently meet criteria for the requested surgical procedure. Therefore, the request is non-certified.