

Case Number:	CM13-0044914		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2001
Decision Date:	05/21/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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:

This is a 69 year old male who was injured on 11/1/01. The clinical records available for review indicate that the claimant is with complaints of low back pain for which a recent clinical assessment indicated the need for operative process to include an L1-2 fusion to be performed with a three day inpatient hospital stay, use of an assistant surgeon, and intraoperative neuro-monitoring. There was a specific request with regard to the surgical process to include chest x-ray, preoperative electrocardiogram, and outpatient preoperative laboratory testing. There was a specific request with regard to the medical necessity of the above testing in regard to the operative process to be performed. The claimant was noted to be with a prior history of an L2 through S1 fusion ten years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PRE-OPERATIVE CHEST X-RAYS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr-006682.

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 Procedure, and the ACOEM Practice Guidelines, 2nd Edition (2004) page 127.

Decision rationale: The ACOEM Guidelines state, "Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." When looking at the ACOEM Guidelines and Official Disability Guidelines criteria, preoperative chest x-rays would appear warranted. This is a 69-year-old patient who is to undergo an invasive operation in the form of lumbar fusion. The role of preoperative assessment given the claimant's age and nature of the process to be performed would be supported at present. The request is medically necessary and appropriate.

OUTPATIENT PRE-OPERATIVE ELECTROCARDIOGRAM (EKG): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr-006682.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure

Decision rationale: Based on Official Disability Guidelines criteria and the ACOEM Guidelines, a preoperative electrocardiogram would be warranted. The claimant is to undergo an anesthetic procedure in the form of lumbar fusion and is 69 years of age. Given the nature of the operative procedure in question, the need for anesthesia, and underlying medical history, the need for electrocardiogram would be warranted. The request is medically necessary and appropriate.

OUTPATIENT PRE-OPERATIVE LABS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr-006682.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure

Decision rationale: When looking at Official Disability Guidelines and ACOEM Guidelines' criteria, preoperative laboratory testing in a 69-year-old individual undergoing lumbar fusion would be warranted. The need for preoperative testing would be appropriate given the nature of the surgical process, the claimant's age, and underlying medical history. The request is medically necessary and appropriate.