

Case Number:	CM13-0044948		
Date Assigned:	03/31/2014	Date of Injury:	11/13/2008
Decision Date:	11/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/01/2013

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:

According to the records made available for review, this is a 58-year-old female with a 11/13/08 date of injury. At the time (9/25/13) of request for authorization for pre-op medical clearance, chest X-ray, EKG, and unspecified lab work and history and physical report, there is documentation of subjective (persistent low back pain) and objective (positive bilateral straight leg raising test) findings, current diagnoses (failed back syndrome), and treatment to date (medications and treatment with spinal cord stimulator trial). Medical reports identify that there is a permanent spinal cord stimulator implantation that is authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Clearance: 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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed

before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of failed back syndrome. In addition, there is documentation of a pending request permanent spinal cord stimulator implantation that is authorized/certified. However, given no documentation of significant medical issues, there is no documentation of a rationale identifying the medical necessity of the requested pre-op medical clearance for a permanent spinal cord stimulator implantation. Therefore, based on guidelines and a review of the evidence, the request for pre-op medical clearance is not medically necessary.

Chest X-Ray: 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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of failed back syndrome. In addition, there is documentation of a pending request permanent spinal cord stimulator implantation that is authorized/certified. However, given no documentation of significant medical issues, there is no documentation of a rationale identifying the medical necessity of the requested X-ray for a permanent spinal cord stimulator implantation. Therefore, based on guidelines and a review of the evidence, the request for chest X-ray is not medically necessary.

EKG: 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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of failed back syndrome. In addition, there is documentation of a

pending request permanent spinal cord stimulator implantation that is authorized/certified. However, given no documentation of significant medical issues, there is no documentation of a rationale identifying the medical necessity of the requested EKG for a permanent spinal cord stimulator implantation. Therefore, based on guidelines and a review of the evidence, the request for EKG is not medically necessary.

Unspecified Lab Work and History and Physical Report: 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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of failed back syndrome. In addition, there is documentation of a pending request permanent spinal cord stimulator implantation that is authorized/certified. However, given no documentation of significant medical issues, there is no documentation of a rationale identifying the medical necessity of the requested EKG for a permanent spinal cord stimulator implantation. In addition, there is no documentation of the specific lab work requested. Therefore, based on guidelines and a review of the evidence, the request for unspecified lab work and history and physical report is not medically necessary.