

Case Number:	CM13-0060130		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2008
Decision Date:	04/10/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 physician 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 patient reported a date of injury of 09/20/08. A progress report associated with the request for services, dated 09/13/13, identified subjective complaints of pain in the low back and right ankle. The patient's past medical history was identified as negative. Objective findings included spasm of the lumbar spine. Motor weakness identified on the right at 4/5. There was decreased sensation on the right at L4-5 and L5-S1. Diagnoses included complex regional pain syndrome right lower extremity; status crush injury; lumbar disc disease. Treatment has included home exercise, injections, physical therapy, and oral analgesics. A Utilization Review determination was rendered on 10/28/13 recommending non-certification of "3 lead spinal cord stimulator for the right leg, foot and low back; pre-op labs; pre-op medical clearance; pre-op chest x-ray; pre-op EKG".

IMR ISSUES, DECISIONS AND RATIONALES

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

3 lead spinal cord stimulator for the right leg, foot and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spinal Cord Stimulators.

Decision rationale: A spinal cord stimulator (SCS) is requested for the cervical spine. The California Medical Treatment Schedule (MTUS) states that stimulators are "Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated." They also note that an SCS should follow a successful temporary trial. Specifically, the indications are noted to be: - Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. - Complex Regional Pain Syndrome (CRPS/Reflex Sympathetic Dystrophy (RSD)). - Post amputation pain. - Post herpetic neuralgia. - Spinal cord injury dysesthesias. - Pain associated with multiple sclerosis. - Peripheral vascular disease. In this case, the patient has indications for a SCS and failure of previous therapy. However, there is no documentation of a temporary trial. The Official Disability Guidelines further states that in failed back syndrome, a stimulator is only indicated if there has been greater than a 50% improvement in pain relief and medication reduction after a temporary trial. Therefore, there is no documentation for the medical necessity of a spinal cord stimulator.

pre-op labs: 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, Preoperative lab testing.

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, Preoperative lab testing.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address preoperative lab testing. The Official Disability Guidelines (ODG) state that preoperative laboratory tests are excessively ordered usually with little change in management. They note that testing should be guided by the patient's clinical history. Criteria for testing are listed as: - Preoperative urinalysis if undergoing invasive urologic procedures. - Electrolyte and creatinine testing in patients with underlying disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. - Random glucose should be obtained in patients at high risk for diabetes mellitus. - In patients with diagnosed diabetes, A1C testing is recommended only if the result will change preoperative management. the risk of anemia or patients in whom significant preoperative blood loss is anticipated. - Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, medical comorbidities are not documented that meet medical necessity for laboratory testing.

pre-op medical clearance: Overturned

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, Preoperative lab testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The Medical Treatment Utilization Schedule (MTUS) and the ODG note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established, and should be adjusted to the patient's needs. The Guidelines also state that in the preoperative setting, an alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications is to conduct a history and physical examination. The original denial for services was based upon testing rather than an evaluation. The record documents the medical necessity for preoperative medical clearance.

pre-op 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, Preoperative lab testing.

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, Preoperative Testing, General.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address preoperative lab testing. The Official Disability Guidelines (ODG) state that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The Guidelines note that it is unclear whether the benefit from routine screening with tests such as laboratory studies, electrocardiography, or chest x-ray outweigh the harms of false- positive results. In this case, medical comorbidities are not documented that meet medical necessity for a chest x-ray.

pre-op 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, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Electrocardiogram (ECG)

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address preoperative electrocardiograms (ECG). The Official Disability Guidelines (ODG) state that a preoperative ECG is recommended for patients undergoing high-risk surgery or intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require an ECG. Intermediate risk procedures include intraperitoneal and intrathoracic surgery as well as orthopedic surgery that are not endoscopic or ambulatory. Low-risk procedures include endoscopic, superficial, or ambulatory procedures. Risk factors include a history of ischemic heart disease or heart failure as well as a history of cerebrovascular disease, diabetes mellitus, or renal insufficiency. In this case, the surgery is low-risk and there are no risk factors. Therefore, there is no documented medical necessity for a preoperative ECG.