

Case Number:	CM14-0105977		
Date Assigned:	09/15/2014	Date of Injury:	05/21/2010
Decision Date:	10/15/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 49-year-old male with a 5/21/10 date of injury. At the time (6/30/14) of the Decision for pre-op labs not specified, pre-op EKG, and pre-op chest x-ray, there is documentation of subjective (increased back, left buttock, and left thigh pain) and objective (paresthesias present in the anterior thigh and questionable weakness, lumbar tenderness and limited motion were present, left Achilles reflex was 1+ and the right 2+) findings, current diagnoses (lumbar disc displacement), and treatment to date (physical therapy). Medical reports identify the patient is scheduled for upcoming lumbar fusion surgery. Regarding pre-op labs not specified, there is no documentation of the specific pre-op labs requested. Regarding pre-op EKG, there is no documentation of additional risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Preoperative Evaluation; National Guideline

Clearinghouse@http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682
Preoperative Basic Health Assessment

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: The 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 diagnoses of lumbar disc displacement. In addition, there is documentation that the patient is scheduled for upcoming lumbar fusion surgery. However, there is no documentation of the specific pre-op labs requested. As such, the request is not medically necessary and appropriate.

Pre-OP EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Preoperative Evaluation; National Guideline Clearinghouse@http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682 Preoperative Basic Health Assessment

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 electrocardiogram (ECG)

Decision rationale: The ODG identifies documentation of high-risk surgery or intermediate-risk surgery and additional risk factors, as criteria necessary to support the medical necessity of preoperative electrocardiogram. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement. In addition, there is documentation that the patient is scheduled for upcoming lumbar fusion surgery (intermediate-risk surgery). However, there is no documentation of additional risk factors. As such, the request is not medically necessary and appropriate.

Pre-op Chest X-Ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Preoperative Evaluation; National Guideline Clearinghouse@http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682 Preoperative Basic Health Assessment

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: The 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 diagnoses of lumbar disc displacement. In addition, there is documentation that the patient is scheduled for upcoming lumbar fusion surgery. As such, the request is medically necessary and appropriate.