

Case Number:	CM14-0013475		
Date Assigned:	02/26/2014	Date of Injury:	02/28/2011
Decision Date:	08/13/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year-old male was reportedly injured on 2/28/2011. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated 12/16/2013 indicates that there are ongoing complaints of low back pain and pain into both lower extremities left greater than right. The physical examination demonstrated lumbar spine: positive tenderness at the L5-S-1 level. Limited range of motion. Positive straight leg raise 90 with very tight hamstrings bilaterally. Muscle strength 4/5. Sensation of intermittent numbness and tingling in the L5 distribution of the right lateral foot and leg. Diagnostic imaging studies mentioned an MRI of the lumbar spine, it reads L5-S1 disc space evidence of a 6 mm retrolisthesis and protrusion with peripheral annular tear and a tear in the inferior annular fibers is present with minimal extrusion. Minimal flattening of the central ventral thecal sac. No foraminal stenosis. Previous treatment includes physical therapy, injections, medications and conservative treatment. A request had been made for nasal swab for MRSA screen, preoperative urinalysis, CBC with differential, comprehensive metabolic panel, PT/PTT blood type/screen, and preoperative chest x-ray and was not certified in the pre-authorization process on 12/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE NASAL SWAB FOR METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS SCREEN: 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) infectious diseases updated 6/26/2014 MRSA.

Decision rationale: Recommend screening for risk factors, and universal Methicillin-resistant Staphylococcus Aureus (MRSA) decolonization in the ICU. In the community, most MRSA infections are skin infections. More severe or potentially life-threatening MRSA infections occur most frequently among patients in healthcare settings. While 25% to 30% of people are colonized in the nose with staph, less than 2% are colonized with MRSA. The AHRQ recommends universal MRSA decolonization in ICU to reduce overall bloodstream infections. Three-quarters of all Staphylococcus aureus infections in hospital intensive care units (ICUs) are considered methicillin-resistant. Performing a nasal swab to test for MRSA has become a common practice in patients preoperative workup were scheduled for surgery. After reviewing the medical documentation provided the injured worker surgery has not been approved at this time. Therefore, this request for testing is deemed not medically necessary.

ONE PREOPERATIVE URINALYSIS: 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-lumbar and thoracic (acute and chronic) updated 7/3/2014. Preoperative lab testing.

Decision rationale: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. After review of the medical documentation provided the requested surgery for the injured worker has not been authorized by the insurance carrier at this time. Therefore the request for preoperative urinalysis is deemed not medically necessary.

ONE COMPLETE BLOOD COUNT WITH DIFFERENTIAL, COMPREHENSIVE METABOLIC PANEL, PROTHROMBIN AND PARTIAL THROMBIN TIME, BLOOD TYPING AND SCREENING: 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-lumbar and thoracic (acute and chronic) updated 7/3/2014. Preoperative lab testing.

Decision rationale: According to Official Disability Guidelines, laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Also, after reviewing the medical documentation provided the requested surgical procedure has not been authorized by the insurance carrier at this time. Therefore the requested preoperative lab testing is deemed not medically necessary until the surgical procedure has been authorized.

ONE PREOPERATIVE 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 Other Medical Treatment Guideline or Medical Evidence: Health Technology Assessment (Winchester, England) [1997, 1(12):i-iv; 1-62] routine preoperative testing: a systematic review of evidence.

Decision rationale: No controlled trials of the value of the following routine preoperative tests have been published. All available evidence reports the results of case-series chest X-ray. Few studies allow the outcome of routine chest X-rays to be distinguished from those of indicated chest X-rays, and fewer have gone beyond abnormality yields to examine the impact on clinical management. Findings from routine preoperative chest X-ray are reported as abnormal in 2.5-37.0% of cases, and lead to a change in clinical management in 0-2.1% of patients. The effect on patient outcomes is unknown. After reviewing the medical documentation provided it is noted the insurance carrier has not authorized the requested surgical procedure at this time. Therefore the request for preoperative testing is deemed not medically necessary.