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| Case Number: | CM14-0018191 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 07/21/2010 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/13/2014 |

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 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 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:

The patient is a [REDACTED] employee who has filed a claim for lumbar disc displacement associated with an industrial injury of July 21, 2010. Thus far, the patient has been treated with opioids, muscle relaxants, methocarbamol, and tilt bed. Patient had back surgery in April 08, 2012 and a redo of the right L5-S1 surgery on March 06, 2014. Review of progress notes reports low back pain with decreased numbness down the right leg since surgery. There is decreased sensation down the right lower extremity until the great toe, and slight motor weakness of right dorsiflexion. Patient is able to decrease intake of Vicodin with surgery. Of note, patient has a history of depression and peptic ulcer disease. Utilization review dated February 06, 2014 indicates that the claims administrator denied a request for EKG and chest x-ray as there is no rationale based on the patient's medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 California MTUS does not address this issue. The ODG guidelines indicate that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery, who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, the employee already had the redo back surgery and there is no rationale as to the necessity of an EKG as this employee does not present with any symptoms referable to the heart. Therefore, the request for EKG was not medically necessary according to the guideline recommendations of ODG.

CHEST X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 California MTUS does not address this issue. The ODG guidelines indicate that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this case, the employee already had the redo back surgery and there is no rationale as to the necessity of a chest x-ray as this employee does not present with any symptoms referable to the chest or lungs. Therefore, the request for chest x-ray was not medically necessary according to the guideline recommendations of ODG.