

Case Number:	CM14-0156226		
Date Assigned:	09/25/2014	Date of Injury:	02/16/2008
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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:

The claimant is a 57-year-old gentleman who sustained an injury to the low back on 02/16/08 when he slipped and fell while moving a table. The medical records provided for review documented that the claimant underwent T10 through S1 fusion on 09/25/13. On 01/29/14 the claimant underwent a segmental exploration due to incomplete fusion of T10 through L4. The claimant's most recent clinical assessment dated 09/08/14 revealed continued complaints of pain for which he had a positive response to a diagnostic hardware injection. There were continued complaints of pain of the L5-S1 level with weakness of the extensor hallucis longus. The recommendation at that time was for revision surgery with hardware exchange and augmentation of prior fusion. There is request for a two day inpatient length of stay as well as "labs" and an EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient labs, 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 American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for preoperative testing in this case to include "labs" and an EKG cannot be recommended as medically necessary. The medical records provided for review do not contain any documentation of underlying cardiac issues, significant past medical history or clinical complaints that would support the role of an EKG. Also, the request for "labs" is vague as it does not specify what lab testing is requested. Without a specific understanding of laboratory testing to be performed, the request for preoperative testing in this individual would not be indicated. The request for Labs and EKG is not medically necessary.