MAXIMUS Federal Services

Case Number:	CM14-0177525		
Date Assigned:	10/31/2014	Date of Injury:	02/04/2014
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 54-year-old male who reported an injury on 02/04/2014. The mechanism of injury was the injured worker stepped in a hole and fell. The medications included Norco 10/325 mg, metformin 2 times a day, Lantus, and Lyrica 50 mg. The injured worker was noted to have an implantation of a spinal cord stimulator and back surgery in 2009. Other therapies included medications. The documentation of 09/18/2014 revealed the injured worker had chronic left foot pain. The injured worker was noted to be seen by an orthopedic specialist and a podiatrist. The injured worker was unable to go forward with treatment, as he could not get an MRI. The injured worker indicated the spinal cord stimulator helped for 3 to 4 months, then stopped working. The pain improved. The documentation indicated the injured worker had not utilized the unit for at least 3 years. The injured worker would like to get the stimulator out so he would able to move forward for treatment for his foot. The physical examination revealed that in the left foot, the injured worker had a significant amount of swelling equal to the size of a grapefruit around his left ankle. There was prominent swelling along the medial aspect of the dorsum. There was no allodynia. There was no significant hyperalgesia noted. There was discoloration. There was excoriation over the 1st metatarsal and the medial aspect of the left foot near the navicular bone. The injured worker was unable to stand on his toes. However, he was able to wiggle them. The gait was antalgic. The injured worker was unable to ambulate in a linear line. It was difficult for the injured worker to perform dorsiflexion. The request was made for a spinal column stimulator IPG removal so the injured worker could move forward with MRI imaging of the left foot and treatment. The diagnoses included sprain/strain of the unspecified site of the foot. The documentation indicated the spinal cord stimulator IPG has not been utilized in 3 years and was currently dead. This request was previously denied, as it was

indicated the type of unit was not specified. There was no DWC Form RFA submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 pre-operative history and physical examination between 9/26/2014 and 11/10/2014.: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review supported the necessity for the surgical removal of the unit. This request would be supported. Given the above, the request for Associated Surgical Service: 1 pre-operative history and physical examination between 9/26/2014 and 11/10/2014 is medically necessary.

Associated surgical service: 1 pre-operative chest x-ray and electrocardiogram between 9/26/2014 and 11/10/2014.: 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)

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), Preoperative testing, general

Decision rationale: The Official Disability Guidelines indicate that a preoperative EKG is recommended for patients undergoing high risk or intermediate risk surgery with additional risk factors. The clinical documentation submitted for review failed to indicate the injured worker had additional risk factors. There was a lack of documentation indicating the injured worker would be undergoing a high risk surgery or intermediate risk surgery. As such, this portion of the request would not be supported. The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. The clinical documentation submitted for review failed to indicate the injured worker would be at significant risk of complications. As such, this portion of the request would not be supported. Given the above, the Associated surgical service: 1 pre-operative chest x-ray and electrocardiogram between 9/26/2014 and 11/10/2014 is not medically necessary.

1 spinal cord stimulator IPG removal between 9/26/2014 and 11/10/2014.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, SCS Page(s): 105.

Decision rationale: The California MTUS Guidelines indicate that a spinal cord stimulator is recommended for selected injured workers in cases when less invasive procedures have failed or are contraindicated. The clinical documentation submitted for review indicated the injured worker had not utilized the unit, and it had been nonfunctional for 3 years. As such, the documentation supported the necessity for removal. Additionally, the injured worker could not receive MRI intervention and treatment for his ankle injury until the spinal cord stimulator IPG was removed. Given the above, the request for 1 spinal cord stimulator IPG removal between 9/26/2014 and 11/10/2014 is medically necessary.

Associated surgical service: 1 pre-operative laboratory works (complete blood count, comprrehensive metabolic panel and partial thromboplastin time) between 9/26/2014 and 11/10/2014.: 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)

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 Laboratory

Decision rationale: The Official Disability Guidelines indicate that a complete blood count is appropriate for injured workers with diseases that increase the risk of anemia, or in injured workers in whom significant perioperative blood loss is anticipated. Electrolyte and creatinine testing should be performed in injured workers with underlying chronic diseases and for those taking medications that predispose them to electrolyte abnormalities or renal failure. Coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding, or for those taking anticoagulants. The clinical documentation submitted for review failed to provide a documented rationale for the requested laboratory work. There was a lack of documentation indicating the injured worker had comorbidities to support the necessity for preoperative laboratory testing. Given the above, the request for Associated surgical service: 1 pre-operative laboratory works (complete blood count, comprehensive metabolic panel and partial thromboplastin time) between 9/26/2014 and 11/10/2014 is not medically necessary.