

Case Number:	CM14-0026447		
Date Assigned:	06/16/2014	Date of Injury:	01/02/2012
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 American Board of Neurological 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 injured worker is a 29-year-old male who was reportedly injured on January 2, 2012. The mechanism of injury was noted as being in a fall. The most recent progress note dated January 22, 2014, indicates there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness over the lumbar paraspinal muscles and decreased lumbar range of motion. There were positive right and left straight leg raises. There was also decreased sensation bilaterally in the L5 and S1 dermatomes. Diagnostic imaging studies objectified an L4-L5 central to left sided posterior disc protrusion abutting the descending left L5 nerve root. Treatments included oral medications, acupuncture, physical therapy, chiropractic care, and an epidural steroid injection. A request was made for a decompression infusion of L4 through S1, preoperative clearance, chest x-ray, EKG, and a three day inpatient stay was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CLEARANCE WITH AN INTERNAL MEDICINE SPECIALIST:

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 & Thoracic (Acute & Chronic) Preoperative testing, general, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, preoperative screening by an internal medicine physician is not routinely done in the absence of a specific clinical indication or purpose for specialty screening. The attached medical record does not state that the injured employee has any risk factors requiring additional screening by an internal medicine physician. This request for preoperative clearance by an internal medicine physician is not medically necessary.

ELECTROCARDIOGRAPHY: 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative electrocardiogram, updated July 3, 2013.

Decision rationale: According to the Official Disability Guidelines, routine preoperative screening is recommended for individuals undergoing high risk surgery procedures. The injured employee was recommended to have a lumbar discectomy and fusion. This request for a preoperative electrocardiogram is medically necessary.

CHEST X-RAY: 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Fusion, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, preoperative screening to include laboratory testing and a chest x-ray is recommended for even young patients with low surgical risk. This request for a preoperative chest x-ray is medically necessary.

POSTERIOR LUMBAR DECOMPRESSION AND FUSION AT THE LEVELS OF L4-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Low Back - Lumbar & Thoracic Fusion (spinal).

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 & Thoracic (Acute & Chronic), Fusion, updated July 3, 2014.

Decision rationale: The employee complains of low back pain radiating to his lower extremities. There are objective physical examination findings and MRI results which corroborate with the injured employee's symptoms. There has been failure to improve with conservative care. The previous utilization review, dated February 19, 2014, stated that lumbar spine decompression and fusion were not medically necessary, as the injured employee has not had a psychiatric screening. The screen was conducted on February 10, 2014. Therefore, a lumbar spine decompression and fusion from L4 through S1 are medically necessary.

3 DAY INPATIENT STAY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hospital Length of Stay (LOS) guidelines.

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 & Thoracic (Acute & Chronic), Hospital length of stay, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, the median length of stay for a lumbar fusion procedure is three days' time. As this request is for a three-day hospital inpatient stay in relation to a lumbar fusion procedure, this request is medically necessary.