

Case Number:	CM14-0028911		
Date Assigned:	06/16/2014	Date of Injury:	11/02/2012
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 injured worker is a 61-year-old male who reported an injury on 11/02/2012. The mechanism of injury was noted to be pulling heavy carpet. The injured worker was noted to have prior treatments of physical therapy. The injured worker's diagnosis was noted to be an abdominal aneurysm. A clinical evaluation on 02/17/2014 indicated the injured worker presented with complaints of severe low back pain. The clinical evaluation noted that the injured worker was seen for preoperative risk assessment for lumbar fusion surgery scheduled 02/18/2014. The injured worker denied any chest pain or shortness of breath. No nausea, vomiting, or diarrhea. No headaches or visual changes. No dysuria, hematuria, blood in stool, or melena reported. No bleeding disorders were reported. The injured worker was recently seen by his cardiologist and cleared from a cardiac standpoint for surgery. The chest x-ray was also clear. The physical examination was noted to be within normal limits. The assessment stated that the injured worker had fair exercise tolerance without cardiac symptoms. The provider's rationale for the requested chest x-ray and MRSA screening was not provided within the documentation. The Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation N/A.

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, Preoperative testing, general.

Decision rationale: The request for preoperative chest x-ray is non-certified. The Official Disability Guidelines indicate the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for injured worker's at risk of postoperative pulmonary complications if the results would change the perioperative management. The injured worker had a preoperative assessment on 02/17/2014. It is indicated in the assessment that the injured worker had a chest x-ray and was stable for surgery. The assessment does not indicate that the injured worker is at risk for postoperative pulmonary complications. The examination does not indicate that the injured worker should have another x-ray postoperatively. Therefore, the request for preoperative chest x-ray is non-certified.

PREOPERATIVE METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) SCREENING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation N/A.

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, Preoperative testing, general.

Decision rationale: The request for preoperative methicillin-resistant Staphylococcus aureus (MRSA) screening is non-certified. The Official Disability Guidelines indicate the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The injured worker's preoperative clinical evaluation on 02/17/2014 does not indicate any sufficient evidence of a MRSA risk. The provider's rationale for the requested MRSA screening was not provided within the documentation. Therefore, according to the guidelines, the request for preoperative methicillin-resistant Staphylococcus aureus (MRSA) screening is non-certified.