

Case Number:	CM14-0029641		
Date Assigned:	06/11/2014	Date of Injury:	03/28/1999
Decision Date:	07/14/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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 75-year-old male injured in March 1999. The x-rays of the lumbar spine dated 03/06/13 revealed mild dynamic instability of L1 on L2. Periprosthetic lucency at the L4 level was revealed with the pedicle screws. The consultation note dated 08/05/13 indicates the injured worker complaining of an increase in pain with standing and walking. The note indicates the injured worker having been recommended for an extensive lumbar spine surgery. There was also an indication the injured worker has previously undergone 3 surgeries in the low back. The note indicates the injured worker rating the pain as 5-9/10 despite the ongoing use of Vicodin. The clinical note dated 12/20/13 indicates the injured worker having complaints of low back pain. The note indicates the injured worker having difficulty ambulating for prolonged periods of time. The note also indicates the injured worker utilizing a cane for ambulatory assistance. Upon exam, the injured worker was identified as having previously undergone a surgical intervention in the low back. Severe tenderness was identified over the lumbar facets and the sacroiliac (SI) joint. The injured worker was able to demonstrate 20 degrees of flexion in the lumbar region with an exacerbation of pain. The note further indicates the injured worker having previously undergone an epidural steroid injection as well as the use of a transcutaneous electrical nerve stimulation (TENS) unit. The previous utilization review dated 12/23/13 resulted in a denial as insufficient information had been submitted confirming the need for the requested evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHEST X-RAY: 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), Low Back (updated 12/04/13), Pre-operative Testings, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Chapter, X-Ray.

Decision rationale: The request for a chest x-ray is not recommended. The documentation indicates the injured worker complaining of ongoing low back pain despite a number of previous surgical interventions. A chest x-ray is indicated for injured workers with cardiac involvement or individuals at an advanced age who are being recommended for a surgical intervention. No information was submitted establishing the medical need for a chest x-ray. No information was submitted regarding the injured worker's cardiac involvement. No information was submitted regarding the injured worker's impending surgical intervention. Given these factors, this request is not indicated as medically necessary.

EKG - 1-12 LEAD: 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), Low Back (updated 12/04/13), Pre-operative Testings, General.

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 documentation indicates the injured worker complaining of ongoing low back pain despite a number of previous surgical interventions. An EKG is indicated for injured workers with cardiac involvement or individuals at an advanced age who are being recommended for a surgical intervention. No information was submitted establishing the medical need for an EKG. No information was submitted regarding the injured worker's cardiac involvement. No information was submitted regarding the injured worker's impending surgical intervention. Given these factors, this request is not indicated as medically necessary.

BLOOD PANEL PRIOR TO TRIAL: 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), Low Back (updated 12/04/13), Pre-operative Testings, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pre-operative Lab Testings.

Decision rationale: The documentation indicates the injured worker complaining of ongoing low back pain despite a number of previous surgical interventions. A blood panel is indicated for injured workers as part of the pre-surgical work-up. No information was submitted regarding a planned surgery. Given this factor, this request is not indicated as medically necessary.