

Case Number:	CM14-0030256		
Date Assigned:	06/20/2014	Date of Injury:	08/31/2009
Decision Date:	07/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 39-year-old female who reported injury on 08/31/2009. The mechanism of injury was the injured worker was releasing a wheelchair and as she was bending down she felt immediate pain in her back and right leg. The injured worker was noted to have undergone a lumbar decompression and fusion at L4-5 and L5-S1. The injured worker underwent an MRI of the lumbar spine without contrast on 06/06/2014 which revealed interpedicular screws extending from L4-S1 bilaterally with stabilizing rods in place. There was no central or foraminal stenosis at L4-5 disc space, anterior and posterior osseous fusion, laminectomy defect was present without central or foraminal stenosis. There was no arachnoiditis, discitis or osteomyelitis. The documentation of 05/12/2014 revealed the physician was asking again for removal of the right pelvic bolt and an MRI of the lumbar spine. The injured worker was able to walk without an assisted device. The injured worker had a positive straight leg raise at 30 degrees on the right and 45 degrees on the left. The injured worker had tightness across her hamstrings on the right more than the left. Her lower extremity reflexes were intact. The injured worker had weakness, however, in the right lower extremity. The injured worker had tenderness over the right pelvic bolt area. The documentation further indicated the injured worker had a CT scan where the hardware was well positioned at L4-5 and L5-S1. There was no mal position of the hardware. The right pelvic bolt was in place and there were no obvious impingement issues. The diagnosis included a painful right pelvic bolt. The injured worker was treated with injections and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Right Pelvic Bolt: 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)-TWC, Hip and Pelvis Procedure Summary last updated 12/09/13, Hardware Removal Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Hardware Removal.

Decision rationale: The Official Disability Guidelines indicate that hardware implant removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. This request was previously denied as the hardware was in place. Subsequent submitted documentation indicated that infection and nonunion had been ruled out. The injured worker had continuing pain. As such, the request would now be supported. Given the above, the removal of the right pelvic bolt is medically necessary.

One 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 (ODG)-TWC, Hip and Pelvis Procedure Summary last updated 12/09/13, 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) Hip & Pelvis Chapter, and Main Section Table of Contents ICD-9 Major Categories.

Decision rationale: Per the Official Disability Guidelines, the mean hospital length of stay is 3.7 days. The request for 1 day would be supported. Given the above, the request for 1 day inpatient stay is medically necessary.

Pre-Operative lab work, Chest X-ray, EKG, UA, 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 Official Disability Guidelines (ODG)-TWC, last updated 05/10/13 Preoperative Testing 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 Chapter, Preoperative lab work, Preoperative Testing, General, Preoperative EKG, and Other Medical Treatment Guidelines.

Decision rationale: The Official Disability Guidelines indicate that preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. The clinical documentation submitted for review failed to provide documented rationale for the requested test. The Official Disability Guidelines additionally indicate the decision to order preoperative tests should be guided by the patient's clinical history, morbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal testing have a preoperative modified approach. Testing should be done to confirm clinical impression and should affect the course of treatment. The clinical documentation failed to support the necessity for preoperative lab work. Additionally, there was a lack of documentation indicating what preoperative lab work would be performed. The Methicillin-resistant staphylococcus aureus (MRSA) screen would fall under the category of preoperative lab testing. There was a lack of documented rationale for the requested testing. The Official Disability Guidelines indicate that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. There was a lack of documented rationale for the use of a chest x-ray. The Official Disability Guidelines recommend a preoperative electrocardiogram for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. The clinical documentation submitted for review failed to provide documented rationale for an EKG. This request would not be supported. Given the above, the request for preoperative lab work, chest x-ray, EKG, UA, Methicillin-resistant staphylococcus aureus (MRSA) screening, is not medically necessary.

Pre-Operative lab work, History and Physical: 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)-TWC, last updated 05/10/13 Preoperative Testing 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 Chapter, Preoperative lab work, Preoperative Testing, and Other Medical Treatment Guidelines or Medical Evidence: www.choosingwisely.org.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review does support a history and physical. Given the above, the request for preoperative lab work history and physical is medically necessary.