

Case Number:	CM14-0030712		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2000
Decision Date:	07/21/2014	UR Denial Date:	03/05/2014
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 Occupational Medicine 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic hip, low back, and leg pain reportedly associated with an industrial injury of November 21, 2000. Thus far, the claimant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; a TENS unit; orthotics; two prior lumbar spine surgeries; and epidural steroid injection therapy. In a January 6, 2014 progress note, the claimant was described as having persistent complaints of low back pain. The claimant acknowledged that she was not working and was receiving disability benefits. The claimant reported highly variable pain ranging from 3-8/10. Medication list included Cozaar, Protonix, Hydrochlorothiazide, Elavil, Robaxin, and Norco. Past medical history was notable for hypertension, ulcer, and depression. It was stated that the claimant was 61 years of age. Spinal cord stimulator trial implantation, psychological testing, and pre-procedure chest x-ray were apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op 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 Medscape, Preoperative Testing article.

Decision rationale: The Medscape preoperative testing article, routine chest x-ray is recommended "only for patients older than 60 to 70 years unless underlying heart or lung disease is a possibility." In this case, the applicant is 61 years of age and is, thus, an individual in whom routine preoperative chest x-ray testing is recommended by Medscape. It is further noted that the applicant is also hypertensive and thus at greater risk for having some hitherto-undiagnosed heart disease. Chest x-ray imaging is indicated, for all of the stated reasons. Therefore, the request for Pre-Operative chest X-ray is medically necessary and appropriate.

Office visits (OV) X 6 visits monthly: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS/ACOEM Guidelines, state the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is off of work. More frequent follow-up visits may therefore be indicated. It is further noted that the applicant, in addition to being off of work, is on a variety of opioids, including Norco at a rate of six times a day and Robaxin, among others. The applicant is also in the process of undergoing a spinal cord stimulator implantation. More frequent office visits for medication management purposes and/or for spinal cord stimulator programming/adjustment/reprogramming purposes may therefore be indicated. Therefore, the request for six office visits monthly is medically necessary and appropriate.