

Case Number:	CM14-0031423		
Date Assigned:	06/20/2014	Date of Injury:	05/19/2011
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/12/2014

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:

This is a 36-year-old female injured in a work-related accident on 5/19/11. The clinical records provided for review document that the claimant has been certified for an L3 through S1 lumbar fusion. There is a current request for the use of preoperative medical work up to include EKG, chest x-ray, preoperative medical clearance, and a four day inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-PATIENT STAY; FOUR (4) DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp.

Decision rationale: The California MTUS and ACOEM Guidelines do not address the length of inpatient hospitalization. The Official Disability Guidelines for lumbar fusion recommend a three-day inpatient length of stay. The medical records do not identify any underlying comorbidities or medical issues to support the need for a four-day inpatient stay. In accordance with the Official Disability Guidelines, and in absence of documentation of post-operative

complication or reason for an extra day of stay, the request for a four-day hospitalization is not recommended as medically necessary. Therefore, the request is not medically necessary.

MEDICAL CLEARANCE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California ACOEM Guidelines would recommend preoperative medical clearance for this claimant. While the medical records do not document any underlying comorbid conditions, the multilevel lumbar fusion process requires the claimant to undergo anesthesia. Therefore, preoperative assessment including medical work up would be recommended as medically necessary.

CHEST X-RAY; TWO (2) VIEWS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS and ACOEM Guidelines do not address the length of inpatient hospitalization. The Official Disability Guidelines for lumbar fusion recommend a three day inpatient length of stay. The medical records do not identify any underlying comorbidities or medical issues to support the need for a four day inpatient stay. In accordance with the Official Disability Guidelines, and in absence of documentation of post-operative complication or reason for an extra day of stay, the request for a four day hospitalization is not recommended as medically necessary.

EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California ACOEM Guidelines state the request for preoperative testing for an EKG would be supported. This individual is to undergo a multilevel fusion process that would require potential loss of blood and inpatient admission. The role of preoperative assessment of an EKG would be supported as medically necessary.