

Case Number:	CM14-0039287		
Date Assigned:	06/27/2014	Date of Injury:	05/29/1998
Decision Date:	09/17/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 Spine 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 63-year-old male who reported injury on 05/29/1998. The mechanism of injury was not provided. The injured worker's prior treatments included medications, injections and back surgery. The injured worker's medications were noted to hydromorphone hydrochloride 4 mg tablets one 4 times a day, morphine sulfate ER 20 mg, Cymbalta 60 mg and Baclofen 10 mg. The documentation of 03/20/2014 revealed the injured worker had 100% pain relief after the first intrathecal Fentanyl injection. The injured worker was noted to be awaiting authorization for the implantable drug delivery systems. The injured worker was able to stand up and begin walking around the room and reported very significant 90% to 100% pain relief without any side effects. The treatment plan included an intrathecal pain pump implantation and a preoperative consultation. The diagnoses included lumbago and lumbar Degenerative Disc Disease, along with lumbar facet arthropathy. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs: 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 Chapter: Criteria for Preoperative lab testing.

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 testing.

Decision rationale: The Official Disability Guidelines indicate that preoperative routine tests are appropriate if injured workers with abnormal tests will have a preoperative modified approach. There was a lack of documented rationale for the requested preoperative labs. The request, as submitted, failed to indicate the type of labs being ordered. Additionally, there was a lack of documentation indicating the injured worker had been approved for the intervention. Given the above, the request for preop labs is not medically necessary.

EKG: 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 Chapter: Pre-operative electrocardiogram (ECG).

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 Official Disability Guidelines indicate a preoperative echocardiogram is recommended for injured workers undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Injured workers undergoing low risk surgery do not require electrocardiography. The clinical documentation submitted for review failed to provide documented rationale. There was no DWC Form RFA or PR2 submitted for the requested EKG. The injured worker was noted to be undergoing possible implantable drug delivery systems, which is a low risk procedure. There was no documentation indicating the injured worker had other additional risk factors. Additionally, there was a lack of documentation indicating the injured worker had been approved for the intervention. Given the above, the request for EKG is not medically necessary.