

Case Number:	CM14-0059958		
Date Assigned:	07/09/2014	Date of Injury:	09/05/2012
Decision Date:	08/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 and 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 46-year-old male who reported an injury on 09/05/2012. The mechanism of injury was not stated. Current diagnoses include possible recurrent disc herniation on the right at L5-S1, chronic severe low back pain, and escalating doses of narcotics. The latest physician progress report submitted for this review is documented on 12/05/2013. The injured worker presented with complaints of severe low back pain and right lower extremity pain. It is noted that the patient underwent a right L5-S1 laminectomy and discectomy on 07/15/2013. A previous lumbar MRI indicated a recurrent disc herniation at L5-S1. Previous conservative treatment includes physical therapy and an epidural steroid injection. Physical examination on that date revealed positive straight leg raising, weakness in the right lower extremity and hypoesthesia in the L5 dermatome in the right lower extremity. Treatment recommendations included a right L5-S1 re-exploration of the laminectomy with possible discectomy, removal of the recurrent disc herniation, and global fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 pre op lab to include basic metabolic pane, CBC w/ diff, PT/PTT and complete urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods &

guidance. London (UK): National Institute for Clinical Excellence (NICE); 2003 Jun. 108 p. (118 references).

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 Testing, General.

Decision rationale: Official Disability Guidelines state preoperative testing to include chest radiography, echocardiography, laboratory testing, and urinalysis is often performed prior to a surgical procedure. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the injured worker is pending authorization for an L5-S1 re-exploration of a laminectomy with possible discectomy and fusion. There is no indication that this injured worker's surgical procedure has been authorized. There is also no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. The medical necessity has not been established for the current request for 1 pre operative lab to include: basic metabolic pane, CBC w/ diff, PT/PTT and complete urinalysis.

Prospective request for 1 EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p. (37 references).

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 Testing, General.

Decision rationale: Official Disability Guidelines state preoperative testing to include chest radiography, echocardiography, laboratory testing, and urinalysis is often performed prior to a surgical procedure. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the injured worker is pending authorization for an L5-S1 re-exploration of a laminectomy with possible discectomy and fusion. There is no indication that this injured worker's surgical procedure has been authorized. There is also no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. The current request for 1 EKG is not medically necessary.

Prospective request for 1 medical clearance evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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 Testing, General.

Decision rationale: Official Disability Guidelines state preoperative testing to include chest radiography, echocardiography, laboratory testing, and urinalysis is often performed prior to a surgical procedure. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the injured worker is pending authorization for an L5-S1 re-exploration of a laminectomy with possible discectomy and fusion. There is no indication that this injured worker's surgical procedure has been authorized. There is also no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. The current request for 1 Medical Clearance Evaluation is not medically necessary.

Prospective request for 1 pre-op chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical systems Improvement (ICSI); 2006 Jul. 33 p, (37 references) American College of Radiology - Medical Specialty Society. 2000 (revised 2006) 5 pages.

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 Testing, General.

Decision rationale: Official Disability Guidelines state preoperative testing to include chest radiography, echocardiography, laboratory testing, and urinalysis is often performed prior to a surgical procedure. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the injured worker is pending authorization for an L5-S1 re-exploration of a laminectomy with possible discectomy and fusion. There is no indication that this injured worker's surgical procedure has been authorized. There is also no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative medical clearance. The medical necessity for 1 pre operative chest x-ray has not been established.