

Case Number:	CM14-0062859		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2003
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 was injured on 05/11/03. Surgery is being planned and pre-op laboratory studies have been requested. They are under review. She was injured while getting out of her car and has a diagnosis of adjacent level foraminal stenosis at L1-2 with progressive intervertebral disc collapse and neurogenic claudication. A preoperative electrocardiogram, chest x-ray, methicillin-resistant staphylococcus aureus screening and preoperative urinalysis have been recommended. The claimant has a long-standing history of lumbar spine surgery. She has had multiple surgeries including laminectomy and partial medial facetectomies from L3-4 to L5-S1 and spinal fusion from L3 to the sacrum in 2005. She has had multiple and various other treatments for pain. She was psychologically cleared for surgery. She has a solid fusion from L2-S1 and a degenerative segment at L1-2 with mild retrolisthesis. The requested lumbar fusion surgery was deemed to be not medically necessary and the preoperative tests were also therefore not deemed necessary. There is no indication in the notes that the surgery has since been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

One preoperative urinalysis.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Treatment of Worker's Compensation, Chapter Low Back & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Harrison's Principles of Internal Medicine textbook, various chapters on kidney, bladder disease (depending on clinical situation).

Decision rationale: The history and documentation do not objectively support the request for a preoperative urinalysis. The proposed surgery has not been certified. Therefore, preoperative studies are not medically necessary. There is no indication that the surgery has been approved.

One preoperative Methicillin-Resistant staphylococcus aureus (MRSA) screening.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Harrison's Principles of Internal Medicine textbook, various chapters on infectious disease/MRSA; standard of care in many hospitals.

Decision rationale: The history and documentation do not objectively support the request for a preoperative MRSA screen. The proposed surgery has not been certified. Therefore, preoperative studies are not medically necessary. There is no indication that the surgery has been approved.

One preoperative electrocardiogram.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines: Treatment of Worker's Compensation, Chapter Low Back & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Harrison's Principles of Internal Medicine textbook, various chapters on cardiovascular disease.

Decision rationale: The history and documentation do not objectively support the request for a preoperative EKG. The proposed surgery has not been certified. Therefore, preoperative studies are not medically necessary. There is no indication that the surgery has been approved.

One preoperative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines: Treatment of Worker's Compensation, Chapter Low Back & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Harrison's Principles of Internal Medicine textbook, various chapters on lung disease (depending on clinical situation).

Decision rationale: The history and documentation do not objectively support the request for a preoperative chest x-ray. The proposed surgery has not been certified. Therefore, preoperative studies are not medically necessary. There is no indication that the surgery has been approved.