

Case Number:	CM14-0071762		
Date Assigned:	07/16/2014	Date of Injury:	11/02/2000
Decision Date:	08/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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 57-year-old female who reported an injury on 11/02/2000. The mechanism of injury involved a fall. Current diagnoses include recurrent lumbar disc herniation and L3-L4 of fascetomy. The injured worker was evaluated on 03/10/2014 with complaints of severe lower back pain radiating into the left lower extremity. The injured worker was status post L4-L5 and L5-S1 laminectomy and disectomy in 2011. Previous conservative treatment includes physical therapy, multiple injections, heat therapy and acupuncture. Physical examination on that date revealed increasing pain with extension and forward bending, negative straight leg raising, mild numbness in the L5-S1 distribution on the left, 4/5 strength in the left lower extremity and a well healed midline lumbar incision. Treatment recommendations at that time included an anterior disectomy and fusion at L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray: Upheld

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 Chapter, radiography.

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 the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. Chest radiography is reasonable for patients at risk for postoperative pulmonary complications if the results would change perioperative management. As per the documentation submitted, there is no indication that this injured worker is at high risk for development of postoperative pulmonary complications. The injured worker has been issued authorization for preoperative laboratory studies, electrocardiogram, urinalysis and a history and physical for medical clearance. The medical necessity for a chest x-ray at this time has not been established. As such, the request is not medically necessary.

Cardiology consultation: Upheld

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 Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry with treating a particular cause and delayed recovery or has difficulty obtaining information or in agreement to a treatment plan. As per the documentation submitted, it is noted that the injured worker maintains a medical history of hypertension. However, there is no indication that this injured worker is at high risk for developing postoperative complications. It is also noted that the injured worker has been issued authorization for preoperative clearance as well as a history and physical for medical clearance. The medical necessity for an additional consultation has not been established. As such, the request is not medically necessary.

Lexiscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health, Nuclear Stress test.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines do not specifically address the requested service. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 09 July 2014. Nuclear stress test is a nuclear imaging method that shows how well blood flows into the heart muscle, both at rest and during activity. The test is done to see if your heart muscle is getting enough blood flow and oxygen when it is working hard (under stress). Your doctor may order this test to find out: -How well a treatment (medicines, angioplasty, and heart surgery) is working -If you are at high risk for heart

disease or complications -If you are planning to start an exercise program or have surgery-The cause of new chest pain or worsening angina-What you can expect after you have had a heart attack.

Decision rationale: According to the US National Library of Medicine, a nuclear stress test may be ordered to find out how well a treatment is working, if the patient is at high risk for heart disease or complications, if the patient is planning to start an exercise program or have surgery, or if the patient has new chest pain or worsening angina. As per the documentation submitted, it is noted that the injured worker maintains a medical history of hypertension. However, there is no documentation of any acute complaints or indication that this injured worker is at high risk for heart disease or complications. The injured worker has been issued authorization for preoperative medical clearance, therefore, the medical necessity for additional testing has not been established. As such, the request is not medically necessary.

Two (2) weeks post-operative acute rehabilitation: Upheld

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 Chapter, Post operative acute rehabilitation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in a postsurgical physical medicine treatment recommendations. As per the documentation submitted, the injured worker has been issued authorization for an anterior-posterior lumbar laminectomy with fusion. The California MTUS Guidelines state post surgical treatment following a laminectomy includes 16 visits over 8 weeks. Post surgical treatment following a fusion includes 34 visits over 16 weeks. The current request does not include a specific body part or a specific frequency of treatment. Therefore, the request is not medically appropriate. As such, the request is not medically necessary.