

Case Number:	CM14-0077426		
Date Assigned:	08/15/2014	Date of Injury:	08/29/2005
Decision Date:	09/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in Montana, Tennessee 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 57-year-old male. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker was treated conservatively with physical therapy, acupuncture, and medications. The injured worker ultimately underwent fusion surgery in 08/2012. The injured worker developed postsurgical chronic pain. The injured worker underwent an updated MRI on 03/20/2014. It was noted that the injured worker had a slight increase in discogenic disease in the L3-4 and L2-3 and was status post L4 through S1 fusion surgery. The injured worker was evaluated on 03/27/2014. It was noted that the injured worker had continued low back pain on the right side. Physical findings included limited range of motion secondary to pain, a 5/5 motor strength in the bilateral lower extremities, intact sensation with equal and symmetrical bilateral lower extremity reflexes. The injured worker's diagnoses included post laminectomy syndrome of the lumbar region, a spondylolisthesis, and lumbar stenosis. The injured worker's treatment plan included hardware removal as it was causing ongoing muscle irritation and postsurgical physical therapy. A Request for Authorization form was submitted for hardware removal, an assistant surgeon, preoperative clearance, home nursing, and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Pre-Operative Clearance With Medical Doctor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines National Guideline Clearinghouse, Preoperative Evaluation, Preoperative Basic Health Assessment.

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, Pre-Operative Testing (General).

Decision rationale: The California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend preoperative clearance for injured workers who have comorbidities that could cause intraoperative or postoperative complications. The clinical documentation submitted for review does not provide any evidence that the injured worker has any comorbidities that may cause complications during or after surgery. There is no indication that baseline function is required to complete the requested surgical intervention. As such, the requested outpatient preoperative clearance with a medical doctor is not medically necessary or appropriate.

Chest X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Preoperative Evaluation.

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, Pre-Operative Lab testing.

Decision rationale: The California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend a chest x-ray for patients who have cardiac or pulmonary issues that could contribute to intraoperative or postoperative complications. The clinical documentation does not support that the injured worker has any type of cardiac or pulmonary issues that could complicate the requested procedure. As such, the requested chest x-ray is not medically necessary or appropriate.

Pre-Operative Labs: Complete Blood Count (CBC), Basic Metabolic Panel (BMP), Prothrombin Time (PT), Partial Thromboplastin Time (PPT), and Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Preoperative Evaluation.

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, Pre-Operative Lab Testing.

Decision rationale: The California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend preoperative lab testing for patients who

have blood disorders, metabolic disorders, or who are at risk for adrenal issues during or after surgical intervention. The clinical documentation submitted for review does not support that the injured worker has any comorbidities that could contribute to intraoperative or postoperative complications. There is no justification to support the need for establishing a baseline function. As such, the requested preoperative labs: complete blood count (CBC), basic metabolic panel (BNP), prothrombin time (PT), partial thromboplastin time (PPT), and urine drug screen is not medically necessary or appropriate.

Home Health Nursing for Daily Dressing Changes for 2 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health care for patients who require medical care and are home bound on a part time or intermittent basis. Due to the nature of the procedure a short period of immobilization may be needed rendering the patient home bound. However, the requested 2 weeks is considered excessive. There is no justification to support the need for immobilization of the patient for a 2 week period requiring in home care. As such, the requested decision for home health nursing for daily dressing changes for 2 weeks is not medically necessary or appropriate.