

Case Number:	CM14-0087932		
Date Assigned:	07/23/2014	Date of Injury:	05/08/1996
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 57-year-old male who reported an injury 05/08/1996. The mechanism of injury was not provided within the medical records. The clinical note dated 04/23/2014 indicated diagnoses of rotator cuff syndrome, myofasciitis/fibromyalgia, and degenerative disc disease. The injured worker reported continued low back pain and left leg pain. On physical examination, there was tenderness throughout the lumbar musculature with mild to moderate muscle spasms present on the left greater than the right. The injured worker's lumbar range of motion was decreased in all fields due to pain and spasms. The injured worker's treatment plan included continue Norco and authorization for blood work to include CBC and CMP, EKG, chest x-ray, and pulmonary function test. The injured worker's prior treatment included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco. The provider submitted a request for Norco, preop labs, preop EKG, preop chest x-ray, and preop pulmonary function test. A Request for Authorization dated 04/23/2014 was submitted for the above items; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Norco 10/325 mg # 120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. Furthermore, the request did not indicate a frequency for the Norco. Therefore, the request for Norco is not medically necessary.

Pre-operative labs: CBC and CMP: 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.

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, Preoperative lab testing.

Decision rationale: The request for Pre-operative labs: CBC and CMP is not medically necessary. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for any type of surgery. In addition, it was not indicated if the injured worker's surgery had been authorized. Furthermore, there is lack of documentation of a surgery date or the type of surgery that is to be performed. Therefore, the request for preoperative labs is not medically necessary.

Pre-operative 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, Low Back Chapter.

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, Preoperative electrocardiogram (ECG).

Decision rationale: The request for Pre-operative EKG is not medically necessary. The Official Disability Guidelines recommend preoperative electrocardiogram (ECG) for patients undergoing high-risk and intermediate-risk surgery who have additional cardiac risk factors. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for any type of surgery. In addition, it was not indicated if the injured worker's surgery had been authorized. Furthermore, there is lack of documentation of a surgery date or the type of surgery that is to be performed. Therefore, the request for a preoperative EKG is not medically necessary.

Pre-operative 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.

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, Preoperative lab testing.

Decision rationale: The request for Pre-operative Chest X-ray is not medically necessary. The Official Disability Guidelines state that testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for any type of surgery. In addition, it was not indicated if the injured worker's surgery had been authorized. Furthermore, there is lack of documentation of a surgery date or the type of surgery that is to be performed. Therefore, the request for a preoperative chest x-ray is not medically necessary.

Pre-operative Pulmonary Function Test: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary, pulmonary function testing.

Decision rationale: The request for Pre-operative Pulmonary Function Test is not medically necessary. The Official Disability Guidelines state the Pulmonary Function Test is recommended in the pre-operative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for any type of surgery. In addition, it was not indicated if the injured worker's surgery had been authorized. Furthermore, there is lack of

documentation of a surgery date or the type of surgery that is to be performed. Therefore, the request for a preoperative pulmonary function test is not medically necessary.