

Case Number:	CM14-0192357		
Date Assigned:	11/26/2014	Date of Injury:	08/21/2007
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 on 08/21/2007. The mechanism of injury was running a jackhammer for 2 weeks straight. His diagnoses were noted as postlumbalaminectomy syndrome, hip pain, and pain in joint lower leg. His past treatments were noted to include surgery, TFESI, medication, orthotics, home exercise program, and wrist injections. Diagnostic studies were noted to include MRI of the cervical spine performed on 06/11/2014, which revealed severe multilevel degenerative changes of the cervical spine. The EMG/NCS of the bilateral upper extremities on 04/07/2014 revealed acute on chronic bilateral C7 radiculopathy and possible mild left C8 radiculopathy. His surgical history was noted to include right carpal tunnel release, right shoulder injury with surgery, right knee injury, and bilateral L4-5 decompressive laminectomy; dates not provided. During the assessment on 10/10/2014, the injured worker was reported to have neck pain, lower backache, bilateral wrist pain, and bilateral hip pain. He stated that his pain had increased since the last visit, and he rated his pain with medications as a 5/10, and an 8/10 without medications. The physical examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and surgical scars. His range of motion was restricted with flexion and limited to 50 degrees, extension limited to 10 degrees, and limited by pain. On palpation, paravertebral muscles, hypertonicity, tenderness and tight muscle band was noted on both sides. Spinous process tenderness was noted on L4 and L5. There was a negative straight leg raise test, and tenderness noted over the sacroiliac spine. Physical examination of the hip revealed no erythema, swelling, atrophy, or deformity. There was tenderness noted over the SI joint and trochanter, and a positive Faber's test. Range of motion of the left hip was restricted with flexion limited to 120 degrees, limited by pain; extension limited to 15 degrees, limited by pain; internal rotation limited to 20 degrees, limited by pain; and external rotation limited to 25 degrees, limited by pain. There was tenderness noted over the groin, SI joint, and trochanter. His medications were noted to include Colace 100 mg, Amitriptyline HCl 10 mg, Baclofen 10 mg, Cymbalta 30 mg, and Tramadol HCl 50 mg. The treatment plan was to have the injured worker continue with his current pain medication regimen. The rationale for preop labs - complete blood count (CBC), chem series, prothrombin time (PT), partial thromboplastin time (PTT) and urinalysis (UA) was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-Op Labs - Complete Blood Count (CBC), Chem Series, Prothrombin Time (PT), Partial Thromboplastin Time (PTT) and Urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Preoperative Lab Testing

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-op labs - complete blood count (CBC), chem series, prothrombin time (PT), partial thromboplastin time (PTT) and urinalysis (UA) is not medically necessary. The Official Disability Guidelines state that preoperative additional tests are excessively ordered even for young patients with low surgical risk, with little or no interference and preoperative management. The criteria for preoperative lab testing is: preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material, electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated. Coagulation studies are reserved for patients with history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The clinical documentation did not indicate that the injured worker was undergoing an invasive urologic procedure or undergoing implantation of foreign material that would require a preoperative urinalysis. There was no documentation indicating that the injured worker was diagnosed with an underlying chronic disease or taking medications that predispose the injured worker to electrolyte abnormalities or renal failure. There was no clinical documentation indicating that the injured worker was diagnosed with a disease that increased the risk of anemia or was anticipated to suffer significant preoperative blood loss. There was no documentation that the injured worker had a history of bleeding or medical condition that predisposed him to bleeding or was taking anticoagulants that would warrant the need for coagulation studies. Given the above, the request is not medically necessary.

Associated surgical service: 2-3 day In-patient Facility Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Hospital length of stay (LOS)

Decision rationale: The request for 2-3 inpatient facility stay is not medically necessary. The Official Disability Guidelines recommended the median length of stay based on the type of surgery or best target practice length of stay for cases with no complications. The clinical documentation provided indicated that the injured worker was to undergo cervical fusion. Official Disability Guidelines state that the recommended length of stay for cervical fusion, anterior, is 1 day provided there are no complications. The clinical documentation provided did not include a rationale as to why a 2 day length of stay was needed for cervical fusion, anterior. Given the above, the request is not medically necessary.