

Case Number:	CM14-0208000		
Date Assigned:	12/22/2014	Date of Injury:	04/11/2000
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 04/11/2000. The mechanism of injury information was not provided in the medical record. Review of the medical record indicates the injured worker's diagnosis is degeneration of the lumbar or lumbosacral intervertebral disc. The injured worker has previously undergone a lumbar spine surgical procedure in 2003 and an L1-2 rhizotomy on 07/29/2013. The official MRI of the lumbar spine without contrast dated 11/10/2014, read by [REDACTED], revealed status post posterior decompression with anterior and posterior fusion at L4-5 and L5-S1 without change. There was also a bulging disc at L1-2, L2-3, and L3-4, unchanged since prior study. There was new collection noted behind the posterior spinous process at L1 that measured approximately 1.5 x 0.4 cm in the greatest transverse dimensions. It was suspected by the dictating physician that this was a foreign body reaction if the injured worker had not had interval surgery. There is no documentation of the injured worker's medication regimen provided in the medical record. Upon most recent evaluation on 11/17/2014, the injured worker presented for evaluation of an enlarging soft tissue mass and review of MRI performed on 11/10/2014. Radiologist report described a new fluid pocket which may be a seroma, hematoma, or a foreign body reaction. There had been no surgical procedure in the referenced area. Upon physical examination, it was revealed there was tenderness per injured worker report and adversely affecting his ability to sit back and rubs against any chair or object that he leans against. This results in aggravation of his pain. The iliopsoas was for 4/5 on the left and 5/5 on the right which was a recent change. The physician's treatment plan stated that given the progressive discomfort that this new finding was

causing, there was a recommendation for surgical evacuation and testing of the fluid. This procedure could be performed in an outpatient setting and would be preferred per the injured worker report. The most recent Request for Authorization dated 11/21/2014 and states the services and goods requested would be for posterior decompression and evacuation of fluid at the L2 level. The diagnosis is lumbar degenerative disc disease (ICD-9 code 722.52). Per the Request for Authorization, the procedure was to be performed at Santa Rosa Ambulatory Surgical Center on an outpatient basis with spinal monitoring, labs/EKG, and a preoperative history and physical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs, not specified: 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, 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: It is noted the California MTUS/ACOEM does not address labs or preoperative labs. Official Disability Guidelines state that the need for preoperative lab testing should be determined by the injured worker's clinical history, comorbidities, and physical examination findings. The specific labs to be performed were not provided in the medical record. Given that the request was not specific as to the particular labs that would be performed, the request as submitted is not supported by the referenced guidelines. As such, the request for decision for labs not specified is not medically necessary.

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, Preoperative Electrocardiogram

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: California MTUS/ACOEM does not address EKG or preoperative EKG. Per Official Disability Guidelines it is stated that preoperative electrocardiograms are recommended for injured workers undergoing high risk surgical procedures and those undergoing intermediate risk surgeries with additional risk factors. The clinical information submitted does not provide documentation indicating that the injured worker has any significant comorbidities or any significant objective findings upon examination that places him at

additional high risk for complications preoperatively, perioperatively, and postoperatively to warrant the requested EKG. As such, the medical necessity for the request is not established and the requested EKG is not medically necessary.