

Case Number:	CM14-0208887		
Date Assigned:	12/22/2014	Date of Injury:	07/31/2006
Decision Date:	03/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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: Minnesota, Florida
 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:

This 48 year old man sustained an industrial injury on 7/31/2006 to his low back due to cumulative trauma. Surgical treatment includes lumbar fusion 1/8/07, knee surgery x2, carpal tunnel release, cervcial spine surgery, and left shoulder replacement in 2014. Further treatments include oral medication and physical therapy. Physician notes dated 1/8/2015 show complaints of aching, burning and stabbing pain to the lower lumbar region as well as aching underneath his left knee with numbness to the anterior shin and right lateral calf. The plan includes posterior L4-L5 decompression and extension of his prior fusion with a TLIF. No radiological exams were submitted, no further details of pre-operative plans were discussed. On 12/9/2014, Utilization Review evaluated prescriptions for pre-operative testing, two to three post-operative visits, and pre-operative chest x-ray, that was submitted on 2/12/2014. The UR physician noted that there was no specific pre-operative testing identified and no rationale for a chest x-ray. Further, post-operative visits are considered standard practice and, therefore, do not require request or authorizations. The MTUS, ACOEM Guidelines, or ODG was cited. The requests were deined and subsequently appealed to Independent Medical 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-operative testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence based citation (EBM): <http://www.odg-disability.com/odgtwdist.ht>, Degerative Lumbar Spinal Stenosis: Evaluation and Management Paul S. Issac, Mathew E. Cunningham, Matthias Pumberger, Alexander P. Hughes, and Frank P. Cammisa, Jr J Am Acad Orthop Surg August 2012; 20:527-535

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Pre-operative testing, general, Pre-operative testing, lab

Decision rationale: The criteria for preoperative lab testing include electrolyte and creatinine testing in patients who are taking medications that predispose them to electrolyte abnormalities such as lisinopril and hydrochlorothiazide. Documentation indicates that the injured worker was taking both of these drugs. Liver function tests are also recommended for patients taking lisinopril. CBC is recommended when there is a possibility of significant perioperative blood loss. It is also necessary when anemia is suspected due to peptic ulcer disease which is documented in the medical records. Based upon the above, the preoperative lab testing was appropriate and medically necessary. A preoperative EKG was certified by utilization review. A preoperative chest x-ray is addressed separately.

Associated surgical service: post-operative visits two to three (2-3): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence based citation (EBM): <http://www.odg-disability.com/odgtwdist.ht>, Degerative Lumbar Spinal Stenosis: Evaluation and Management Paul S. Issac, Mathew E. Cunningham, Matthias Pumberger, Alexander P. Hughes, and Frank P. Cammisa, Jr J Am Acad Orthop Surg August 2012; 20:527-535

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Office visits.

Decision rationale: Post-operative visits for 3 months are included in the global surgery fee and do not require authorization. They are appropriate and medically necessary for continuity of care. ODG guidelines indicate office visits are recommended as determined to be medically necessary.

Associated surgical service: pre-operative chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence based citation (EBM): <http://www.odg-disability.com/odgtwdist.ht>, Degerative Lumbar Spinal Stenosis: Evaluation and Management Paul S. Issac, Mathew E. Cunningham, Matthias Pumberger, Alexander P. Hughes, and Frank P. Cammisa, Jr J Am Acad Orthop Surg August 2012; 20:527-535

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Section: Low Back, Topic: Preoperative testing, general.

Decision rationale: With regard to the preoperative chest x-ray the guidelines state that chest radiography is reasonable for patient's at risk of postoperative pulmonary complications. Because of the nature of the surgical procedure and associated recumbency as well as the excessive body weight of 265 pounds and history of chest pain documented in the medical records which was attributed to Mobic and possible peptic ulcer disease, a chest x-ray was reasonable and necessary prior to the intermediate risk surgical procedure .As such, the medical necessity of the request is established.