

Case Number:	CM15-0102393		
Date Assigned:	06/09/2015	Date of Injury:	12/16/2002
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/27/2015

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: New York
 Certification(s)/Specialty: Neurological 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 43-year-old male, who sustained an industrial injury on December 16, 2002. He reported upper and lower back pain with associated lower extremity pain. The injured worker was diagnosed as having arthrodesis of the lumbar spine, myofascial pain syndrome secondary to retained instrumentation of the lumbar spine, bilateral sacroiliac joint arthrodesis, non-industrial thoracic pain and anemia. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, physical therapy, activity restrictions, injection around retained hardware of the lumbar spine, medications and work restrictions. Currently, the injured worker complains of continued upper and lower back pain with lower extremity pain and weakness. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. March 23, 2015, revealed continued pain as noted. He reported benefit with previous sacroiliac joint fusion but continued to report pain around the retained instrumentation. He underwent hardware block with good result. Pre-operative laboratory studies and examinations for clearance for surgical removal of retained instrumentation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative exam: Overturned

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) Physical therapy Chapter-Preoperative testing general.

Decision rationale: The ODG guidelines do recommend evaluation preoperatively when the findings of premorbid conditions indicate prudent evaluation might affect postoperative decision-making and risk assessment. Documentation shows concern for fluctuating abnormal blood counts. In addition, patient had chronic kidney and liver disease. The requested treatment: Pre-operative exam is medically necessary and appropriate.

Pre-op EKG: Overturned

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) Physical Therapy Chapter-Preoperative testing-Electrocardiography.

Decision rationale: The ODG guidelines do recommend electrocardiography preoperatively in those patients who are undergoing high-risk procedures. Documentation shows this is not the case, but does show the patient had a heart murmur. The guidelines do recommend preoperative EKG in those patients who have comorbidity problems that would affect postoperative management, which is the case. The requested treatment: Pre-op EKG is medically necessary and appropriate.

Pre-op labs: CBC: Overturned

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) Physical Therapy Chapter-Preoperative testing-general.

Decision rationale: The ODG guidelines do recommend evaluation preoperatively when the findings of premorbid conditions indicate prudent evaluation might affect postoperative decision-making and risk assessment. Documentation shows concern for fluctuating abnormal blood counts. In addition, patient had chronic kidney and liver disease. The requested treatment: Pre-operative labs: CBC is medically necessary and appropriate.

Pre-op labs: urine analysis (UA): Overturned

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) Physical Therapy Chapter-Preoperative testing-general.

Decision rationale: The ODG guidelines do recommend evaluation preoperatively when the findings of premorbid conditions indicate prudent evaluation might affect postoperative decision-making and risk assessment. Documentation shows concern for fluctuating abnormal blood counts and patient had chronic kidney and liver disease. The requested treatment: Pre-operative labs: UA is medically necessary and appropriate.

Pre-op labs: Chem 7: Overturned

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) Physical Therapy Chapter-Preoperative testing-general.

Decision rationale: The ODG guidelines do recommend evaluation preoperatively when the findings of premorbid conditions indicate prudent evaluation might affect postoperative decision-making and risk assessment. Documentation shows concern for fluctuating abnormal blood counts and patient had chronic kidney and liver disease. The requested treatment: Pre-operative labs: Chem 7 is medically necessary and appropriate.