

Case Number:	CM15-0143504		
Date Assigned:	08/04/2015	Date of Injury:	03/23/2012
Decision Date:	09/17/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male who sustained an industrial injury on 3-23-12 when he jerked his lower back downwards (per utilization review). He currently complains of constant, severe worsening back and left leg pain; neck, arm pain. On physical exam, there was decreased range of motion. Diagnosis was Spondylosis. Medications were not specifically identified. Treatments o date include medications; physical therapy with no improvement; facet injections gave temporary relief; rhizotomy no relief; home exercise program; activity modification. Diagnostics include MRI of the thoracic spine (4-12-12) showing minimal central canal stenosis, disc protrusion; MRI of the lumbar spine (4-12-12) showing minimal central canal stenosis, degenerative changes; whole body bone scan ((9-23-13) showing abnormal increased activity involving facet joints at L4-5 bilaterally; computed tomography of the lumbar spine (9-23-13) showing mild degenerative spondylosis. MRI (7-2-15) showed significant gapping of facet joint bilaterally at L4-5 with moderate degree of stenosis. In the progress note dated 7-6-15, the treating provider's plan of care includes requests for pre-operative clearances to determine his ability to tolerate anesthesia: complete metabolic panel; thyroid stimulating hormone; spirometry and inpatient five-day hospital stay. Notes indicate that a basic metabolic panel, surgery, 3-day post-operative stay, and preoperative blood count were recommended for certification by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP Qty: 1.00: 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 12th Edition 2014. Preoperative 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 Chapter, Preoperative lab testing.

Decision rationale: Regarding request for complete metabolic panel, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative urinalysis is recommended for patients undergoing invasive urological procedures and those undergoing implantation of foreign material; preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; preoperative random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; preoperative A1 C testing is recommended for patients with diagnosed diabetes when the result would change perioperative management; preoperative blood count is recommended for patients with diseases that increase the risk of anemia or patient in whom significant perioperative blood loss is anticipated; preoperative coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding for those taking anticoagulants. Within the documentation available for review, it appears the patient has been authorized for a basic metabolic panel. There is no documentation indicating why a comprehensive metabolic panel would be needed in addition to a basic metabolic panel. In the absence of clarity regarding that issue, the currently requested complete metabolic panel is not medically necessary.

TSH Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab testing.

Decision rationale: Regarding request for TSH, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative urinalysis is recommended for patients undergoing invasive urological procedures and those undergoing implantation of foreign material; preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; preoperative random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; preoperative A1 C testing is recommended for patients with diagnosed diabetes when the result

would change perioperative management; preoperative blood count is recommended for patients with diseases that increase the risk of anemia or patient in whom significant perioperative blood loss is anticipated; preoperative coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding for those taking anticoagulants. Within the documentation available for review, there is no indication that the patient has signs or symptoms of thyroid disease, or has been previously diagnosed with a thyroid condition. In the absence of such documentation, the currently requested TSH is not medically necessary.

Spirometry (as needed) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab testing.

Decision rationale: Regarding request for Spirometry, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative urinalysis is recommended for patients undergoing invasive urological procedures and those undergoing implantation of foreign material; preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; preoperative random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; preoperative A1 C testing is recommended for patients with diagnosed diabetes when the result would change perioperative management; preoperative blood count is recommended for patients with diseases that increase the risk of anemia or patient in whom significant perioperative blood loss is anticipated; preoperative coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding for those taking anticoagulants. Within the documentation available for review, there is no indication that the patient has any pulmonary conditions, or is at risk for pulmonary disease. In the absence of such documentation, the currently requested Spirometry is not medically necessary.

Inpatient hospital stay (days) Qty: 5.00: 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 13th Edition 2015. Hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hospital Length of Stay (LOS); Low Back Chapter, Hospital Length of Stay (LOS).

Decision rationale: Regarding the request for an inpatient hospital stay 5 days, MTUS does not address the issue. ODG recommends the median length of stay (LOS) based on type of surgery,

or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. For lumbar laminectomies, the recommendation is median 2 days and the mean 3.5 days. Within the documentation available for review, it appears the patient has been recommended for surgery. Three-day hospitalization has been certified by utilization review. There is no documentation indicating why the patient would need 5 days post surgery hospitalization, in excess of what is recommended by guidelines. In the absence of clarity regarding that issue, the currently requested inpatient hospital stay 5 days is not medically necessary.