MAXIMUS Federal Services

Case Number:	CM15-0145937		
Date Assigned:	08/10/2015	Date of Injury:	04/03/2013
Decision Date:	09/16/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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: Illinois, California, 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:

This injured worker is a 43-year-old female who sustained an industrial injury on 4/3/13. The mechanism of injury was not documented. Past medical history was positive for asthma. Conservative treatment included activity modification, medications, physical therapy, AFO for foot drop, and epidural steroid injection. The 5/22/15 lumbar spine MRI impression documented a stable left L5/S1 disc protrusion with mild mass effect upon the adjacent left S1 nerve root. There was mild lower lumbar degenerative disc and facet disease stable from prior study. There was minimal L4/5 and mild L5/S1 spinal canal stenosis, and mild L4/5 and L5/S1 neuroforaminal stenosis. The 6/30/15 orthopedic report cited more severe episodes of low back pain radiating down both lower extremities, currently 8-10/10. Pain was radiating down the right leg to the foot and on the left to the calf. Review of systems documented complaints of shortness of breath and wheezing. Physical exam documented diminished sensation over the lateral and dorsum right foot. Strength testing was 0/5 in right dorsiflexion, 2/5 in bilateral ankle eversion and right extensor hallucis longus, 3/5 in right plantar flexion, and 4/5 in left knee flexion, knee extension, dorsiflexion, plantar flexion, and extensor hallucis longus. Straight leg raise was positive. Imaging confirmed a left L5/S1 disc protrusion with mass effect on the left S1 nerve root along with lateral recess and subarticular stenosis and facet arthropathy causing mild neuroforaminal narrowing. Authorization was requested for posterior decompression at the L5/S1 level, assistant surgeon, a lumbosacral orthosis brace, and pre-op labs, including CBC with differential, UA, PT, BMP (basic metabolic panel), clot to hold, and pre-operative EKG. The 7/13/15 utilization review certified the request for posterior decompression at the L5/S1

level, assistant surgeon, and a lumbosacral orthosis brace. The request for pre-op labs, including CBC with differential, UA, PT, BMP (basic metabolic panel), clot to hold, and EKG was modified to pre-op CBC with differential and BMP as there were no significant comorbidities or clotting disorders to support the medical necessity of this request beyond basic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative 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), Low Back, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged females have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.

Pre-operative 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), Low Back, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Pre-operative PT: 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), Low Back, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met due to the use of NSAIDS and plausible increase in associated perioperative bleeding. Therefore, this request is medically necessary.

Pre-operative clot to hold: 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), Low Back, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Clot to hold is ordered when blood products are not anticipated bur may become necessary. The specimen is drawn and labeled for potential transfusions, however no testing is performed. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.