

Case Number:	CM15-0164648		
Date Assigned:	09/02/2015	Date of Injury:	11/15/2000
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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 68-year-old female who sustained an industrial injury on 11/15/00. Injury occurred when she fell against a counter. Surgical history was positive for left total knee replacement in August 2005. Records indicated that she was diagnosed with left lower extremity chronic pain syndrome and underwent implantation of a spinal cord stimulator on 8/20/11. The 7/24/15 neurosurgical report indicated that the injured worker complained of inadequate coverage of her back and leg pain by her spinal cord stimulator. She reported that the system seemed to work if she moved her back a certain way. Interrogation of her system found extremely high impedances in nearly all the contacts of her device. The treatment plan included revision of the epidural electrode, if needed, and revision of the implantable pulse generator in the left gluteal area in an outpatient setting. Authorization was requested for outpatient T10 laminectomy revision of epidural electrode, revision of implantable pulse generator in left gluteal area and associated surgical requests for pre-operative lab work, EKG, and chest x-ray. Authorization was also requested for a history and physical (H&P). The 7/29/15 utilization review certified the request for outpatient T10 laminectomy revision of epidural electrode, revision of implantable pulse generator in left gluteal area and associated pre-operative lab work, EKG, and chest x-ray. The request for history and physical was non-certified as the admitting H&P is the responsibility of the admitting physician and required no pre-approval or additional billing. Records indicated that she underwent this procedure on 8/5/11.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: History and Physical: 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 Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

Decision rationale: The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process. Pre-operative testing has been addressed separately. Therefore, this request for pre-operative history and physical is not medically necessary.