

Case Number:	CM15-0169054		
Date Assigned:	09/15/2015	Date of Injury:	02/03/2000
Decision Date:	10/16/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 63 year old female, who sustained an industrial injury on 2-3-2000. Medical records indicate the worker is undergoing treatment for lumbar post laminectomy and left sciatica. A recent progress report dated 6-23-2015, reported the injured worker complained of left sciatica and was overall pleased with intrathecal therapy. Physical examination revealed a pain pump was palpable in the right lower quadrant and lumbosacral range of motion: extension 0 degrees, left and right lateral flexion 20 degrees and left and right rotation 20 degrees. The physician documented the pump was hypermobile due to laxity of abdominal muscle fascia. Treatment to date has included lumbar surgery in 2001, intrathecal pump and medication management. The physician is requesting Intrathecal pump pocket revision, chest x ray, nasal swab-methicillin resistant Staphylococcus aureus (MRSA) testing, CMP, CBC and electrocardiogram. On 7-29-2015, the Utilization Review noncertified Intrathecal pump pocket revision, chest x ray, nasal swab-methicillin resistant Staphylococcus aureus (MRSA) testing, CMP, CBC and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intrathecal pump pocket revision: 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) Chronic pain, Implantable drug-delivery systems.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this procedure for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), intrathecal Implantable drug-delivery systems are: "Recommended only as an end-stage treatment alternative for selected patients for specific conditions indicated in the blue criteria below, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. There is insufficient evidence to recommend the use of implantable drug-delivery systems (IDDS) for the treatment of chronic pain. There are no high quality studies on this topic that document that this therapy is safe and effective. Further, significant complications and adverse events have been documented and the data identifies a substantial risk to patients." This patient has been documented to be very satisfied with her pain pump. It is providing excellent control of her chronic pain. The pump itself is hypermobile in its subcutaneous pocket due to abdominal obesity. Malfunction, infection or inability to access has not been documented. Ergo, repositioning the pump is not indicated and would only expose the patient to greater morbidity. Therefore, based on the submitted medical documentation, the request repositioning of intrathecal pump pocket is not-medically necessary.

Associated surgical service: Chest x-ray: 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 ODG, Pulmonary (Acute & Chronic), Chest Xray ODG, preoperative testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for CXR is not-medically necessary.

Associated surgical service: Nasal swab, MRSA testing: 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) Pre-Operative Lab Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for CMP is not-medically necessary.

Associated surgical service: CMP: 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 ODG, Preoperative Lab Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for CMP is not-medically necessary.

Associated surgical service: CBC Hematocrit and Hemagoblin: 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) Pre-Operative Lab Testing.

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical

clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for CBC, hemoglobin/hematocrit is not-medically necessary.

Associated surgical service: EKG: 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) Preoperative Lab Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for EKG is not-medically necessary.