

Case Number:	CM15-0198837		
Date Assigned:	10/14/2015	Date of Injury:	01/08/2013
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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

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 59 year old female, who sustained an industrial injury on 1-8-13. The injured worker was diagnosed as having herniated lumbar spine disc L4-L5 and L5-S1 with chronic radiculopathy. Medical records (4-19-15 through 8-22-15) indicated 5-6 out of 10 pain in the lower back and the work status is temporarily totally disabled. The physical exam (6-28-15 through 8-22-15) revealed a positive straight leg raise test on the left at 50 degrees and tenderness to palpation in the left L5 paralumbar region. As of the PR2 dated 8-31-15, the injured worker reports left sided back, buttock and radicular leg pain. She rates her pain back 4-8 out of 10. Objective findings include loss of lumbar lordosis, muscle spasms and tenderness and restricted extension and rotation on the left side. The treating physician recommended a spinal cord stimulator. Treatment to date has included a TENS unit, acupuncture and physical therapy (number of sessions not provided), a left L5-S1 transforaminal block on 8-3-15, Norco and Flexeril. The treating physician requested pre-op medical clearance (with labs). The Utilization Review dated 9-30-15, non-certified the request for pre-op medical clearance (with labs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance (with labs): Upheld

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- Lumbar & Thoracic (Acute & Chronic) Chapter updated 9/22/15 ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Non-cardiac Surgery, A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines; Preoperative testing, general; Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Review indicates the request for Pre-op medical clearance (with labs) pertains to spinal cord stimulator placement; however, this procedure has been non-certified; thereby, the pre-op clearance and labs are not appropriate or indicated. MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to this chronic musculoskeletal injuries. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Identifying any issues or having a baseline level may be medically indicated prior to extensive surgical procedure; however, the patient has not been approved for the SCS procedure. Additionally, submitted reports have not identified any symptom complaints, clinical history or comorbidities with undue risks to support for the multiple lab testing. The Pre-op medical clearance (with labs) is not medically necessary and appropriate.