

Case Number:	CM15-0199121		
Date Assigned:	10/14/2015	Date of Injury:	01/23/2009
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
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: 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 1-23-2009. The injured worker is undergoing treatment for: chronic pain, cervical degenerative disc disease, brachial neuritis, neck pain, and migraine. On 9-18-15, she reported daily migraines. She indicated Neurontin was helping. She reported increased pain in the neck and shoulder. She rated her pain 5-6 out of 10 with medications and without medications 10 out of 10. She noted that injections had not worked and migraines have remained intense. Physical examination revealed tenderness to the cervical paraspinals, spasm to bilateral trapezius left greater than right, hypersensitivity to light touch of left trapezius, tenderness to bilateral occipital process, reduced neck range of motion, and non-tenderness in the bilateral shoulders and lumbar spine. The provider notes she had neurological function changes associated with headaches and is unable to sleep more than 4-7 hours nightly. The treatment and diagnostic testing to date has included: urine drug screen (6-4-15), AME (7-10-15), magnetic resonance imaging of the cervical spine (7-2-15), X-rays of the cervical spine (7-2-15), cervical fusion (date unclear), lumbar spine fusion (2001), urine toxicology (6-4-15). Medications have included: Restoril, Ativan, Lasix, Neurontin, Norco, Phenergan, Pristiq, Tizanidine, and Topiramate. Current work status: temporarily totally disabled. The request for authorization is for: EKG; pre-operative labs: CBC with diff, CMP, PT, PTT, UA; post-operative aqua therapy two times weekly for 6 weeks. The UR dated 10-2-2015: modified the request EKG to pre-operative exam; non-certified pre-operative labs: CBC with diff, CMP, PT, PTT, UA; non-certified post-operative aqua therapy two times weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs: CBC with Diff: 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, online version, Pre-operative testing, General.

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, Preoperative testing.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities, and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Associated Surgical Services: PT, PTT: 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, online version, Pre-operative testing, General.

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, Preoperative testing.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Associated Surgical Services: Urine Analysis: 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, online version, Pre-operative testing, General.

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, Preoperative testing.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for preoperative urinalysis prior to the proposed surgical procedure. Therefore the request is not medically necessary.

Post-operative; Aqua therapy 2 times a week for 6 weeks: 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), Pain on line version, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case the exam notes from 9/18/15 do not demonstrate prior response to either land or water therapy or a rationale regarding reduced weight bearing is required. Therefore the request is not medically necessary.

Associated Surgical Services: EKG: 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), Pre-operative electrocardiogram.

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, Preoperative testing.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the request is not medically necessary.

