

Case Number:	CM15-0201856		
Date Assigned:	10/21/2015	Date of Injury:	04/11/2014
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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: New York, Montana,
 California Certification(s)/Specialty: Neurological
 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 38-year-old male, who sustained an industrial injury on 4-11-14. The injured worker is diagnosed with annular fissure at L3-L4 through L5-S1, disc desiccation from T12-S1, levoconvex scoliosis; L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 diffuse disc herniation, lumbago and lumbar radiculopathy. His work status is modified duty. Notes dated 4-24-15, 8-11-15 and 8-28-15 reveals the injured worker presented with complaints of intermittent low back pain that radiates to his left foot described as numbness, tingling, throbbing, stabbing and deep sensation rated at 7 out of 10. The pain is increased with prolonged sitting, walking and standing and decreased with stretching. Physical examinations dated 4-24-15, 8-11-15 and 8-28-15 revealed tenderness to palpation over the lumbar paraspinal musculature and bilateral sacroiliacs, range of motion is within normal limits and decreased sensation is noted over the left L5 dermatome. Treatment to date has included medications, physical therapy and an epidural injection, which provided temporary relief for a few days, per note dated 8-11-15. Diagnostic studies include lumbar MRI, which revealed L5-S1 foraminal stenosis, per physician note dated 8-11-15. A request for authorization dated 8-27-15 for pre-operative EKG, chest x-ray, chemistry panel and PTT, INR is non-certified, per Utilization Review letter dated 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative 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-Treatment in Workers' Compensation (ODG-TWC), Low Back Procedure Summary (Online version): Preoperative testing and Criteria for Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal Fusion chapter-preoperative electrocardiogram (ECG).

Decision rationale: The ODG guidelines recommend preoperative electrocardiograms for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Documentation is not supplied that suggests the patient has cardiac risks and his proposed surgery should not normally carry high risks. Therefore, the requested treatment is not medically necessary and appropriate.

Preoperative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Low Back Procedure Summary (Online version): Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative testing, general.

Decision rationale: The ODG guidelines note that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The documentation does not supply evidence of possible postoperative pulmonary complications. Therefore, the requested treatment is not medically necessary and appropriate.

Preoperative Lab: Chemistry Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Low Back Procedure Summary (Online version): Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative lab testing.

Decision rationale: The ODG guidelines note that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The guidelines state that random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. Documentation does not disclose underlying medical conditions, which would warrant a chemistry panel. Therefore, the requested treatment is not medically necessary and appropriate.

Preoperative Lab: PTT and INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Low Back Procedure Summary (Online version): Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative lab testing.

Decision rationale: The ODG guidelines recommend coagulation studies are reserved for patients with a history of bleeding. They also recommend coagulation studies if the patient has medical conditions that predispose them to bleeding, and for those taking anticoagulants. The documentation does not provide evidence that this patient has any of these conditions. Therefore, the requested treatment is not medically necessary and appropriate.