

<b>Case Number:</b>	CM15-0204420		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/16/1999
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

This 60 year old man sustained an industrial injury on 12-16-1999. Evaluations include lumbar spine MRI dated 7-17-2015 showing multiple level disc desiccation and protrusions. Diagnoses include lumbar spinal stenosis, multilevel disc disease with protrusions and facet arthropathy, and bilateral lumbar radiculopathy. Treatment has included oral medications, physical therapy, and epidural steroid injections. Physician notes dated 8-25-2015 show complaints of worsening back pain with radiation to the bilateral lower extremities with numbness, tingling, and weakness. The physical examination shows positive right straight leg raise at 70 degrees, decreased strength in the bilateral lower extremities and feet. Tenderness to palpation is noted posteriorly. Lumbar spine range of motion is noted to be flexion 50 degrees and extension 30 degrees. Recommendations include lumbar spine surgery. Utilization review denied a request for medical clearance and modified requests for pre-operative laboratory testing and post-operative physical therapy on 9-23-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Medical clearance: 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).

**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 the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Documentation does not exhibit any medical history to mandate special laboratory tests or why medical clearance is advisable. The guidelines state that the latest AHRQ comparative effectiveness research on the benefits and harms of routine preoperative testing concludes that, except for cataract surgery, there is insufficient evidence comparing routine and per-protocol testing. In the case of cataract surgery the evidence showed extensive pre-operative testing was not indicated. The requested treatment: Associated surgical services: Medical clearance is not medically necessary and appropriate.

**Post-operative physical therapy for the lumbar spine #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Low Back.

**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-physical therapy guidelines.

**Decision rationale:** The ODG guidelines allow 34 visits over 16 weeks of post-surgical treatment for a fusion, after graft maturity. The guidelines incorporate the concept of fading. They note that Post-surgical (fusion) rehab: Following lumbar spinal fusion, delayed start of rehabilitation results in better outcomes, and improvements in the group starting at 12-weeks were 4 times better than that in the 6-week group. The ordered physical therapy doesn't comply with the guidelines. The requested treatment: Associated surgical services: Post-operative physical therapy for the lumbar spine #12 is not medically necessary and appropriate.

**Pre-operative labs: UAPC: 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).

**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 state, "Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." Documentation does not show the patient is undergoing invasive urologic procedures. Documentation does not show evidence of any implantation. The requested treatment: Associated surgical services: Pre-operative labs: UAPC is not medically necessary and appropriate.

**Pre-operative labs: MRSA: 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).

**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 investigation guides post-operative management. The documentation does not show that implantation is part of the expected surgery. If this were the case then checking to see if the patient had an active MRSA status would be indicated. But, the requested treatment: Pre-operative labs: MRSA is not medically necessary and appropriate since documentation did not indicate a reason to do the test.