MAXIMUS Federal Services

Case Number:	CM15-0021155		
Date Assigned:	02/10/2015	Date of Injury:	11/24/1998
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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: Illinois, California, Texas
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 45-year-old male, who sustained an industrial injury on 11/24/98. Injury occurred relative to a 6-8-foot fall from a ladder. Past medical history is positive for diabetes mellitus, history of stroke, kidney disease and hypertension. The 9/14/14 lumbar MRI impression documented progressive L5/S1 degenerative changes with moderate spinal canal stenosis, severe left and mild right lateral recess narrowing, moderate left and mild right neuroforaminal narrowing at L5/S1 with compression of the left S1 nerve root. Conservative treatment included physical therapy, lumbar injections and pain medication with sustained benefit. The 1/5/15 treating physician report cited back pain radiating to the lower extremity, buttocks, thigh and calf, mainly on the left side. He reported that his left leg occasionally gave out on him. The pain was moderate to severe. He complained of numbness and weakness into the left leg. Physical exam revealed moderate discomfort on palpation in the mid-lumbar spine, normal strength, diminished left foot sensation, and absent left Achilles reflex. There was a positive straight leg raise on the left. The physician recommendation was for a left-sided L5-S1 facetectomy, discectomy and foraminotomy. On 1/20/2015, Utilization Review (UR) certified a request for left L5/S1 discectomy with a one-day inpatient stay, and assistant PA, and non-certified a request for a preoperative chest x-ray. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left discectomy L5-S1 with one day inpatient stay, assistant PA, preop chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back , Lumbar & Thoracic: Pre-operative testing

Decision rationale: File review indicates that the requests for left discectomy at L5/S1 with one day in-patient sty and assistant PA were certified at the time of the original utilization review on 1/20/15. Under consideration is the denial of the request for pre-operative chest x-ray. The California MTUS guidelines do not provide recommendations for pre-operative chest x-rays. The Official Disability Guidelines state that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Guideline criteria have been met. This patient presents with a complex medical history with occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.