

Case Number:	CM15-0028920		
Date Assigned:	03/25/2015	Date of Injury:	09/06/2013
Decision Date:	05/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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: Oregon, 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 45-year-old male who reported an injury on 09/06/2013. The mechanism of injury was not specifically stated. The current diagnoses include lumbar disc displacement, lumbar disc herniation, and lumbar radiculopathy. The injured worker presented on 12/30/2014 for an evaluation regarding persistent low back pain. The injured worker reported constant aching pain in the lower back radiating into the right lower extremity causing a burning sensation as well as numbness. The injured worker reported an aggravation of symptoms by sitting, standing, walking, lifting, and driving. Associated weakness was also noted. The injured worker was utilizing Norco, Voltaren and Flexeril twice daily. The injured worker denied asthma, diabetes, hypertension or other serious illnesses. Upon examination, there was 60 degree lumbar flexion, 30 degree extension, 30 degree right and left rotation, 30 degree left and right lateral bending, 5/5 motor strength, and intact sensation. Recommendations at that time included an L4-S1 decompression laminectomy. A Request for Authorization form was submitted on 12/30/2014 for L4-S1 decompression laminectomy with bilateral L5 and S1 nerve root as well as preoperative testing and 2 prescriptions for Norco 10/325 mg and Flexeril 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Complete Blood Count (CBC), Basic Metabolic Panel (BMP), Prothrombin Time (PT), Partial Thromboplastin Time (PTT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the injured worker denied a significant medical history. There was no evidence of any comorbidity to support the necessity for preoperative testing. The injured worker denied asthma, diabetes, hypertension and other serious illnesses. The medical necessity for preoperative testing has not been established in this case. Therefore, the request is not medically appropriate at this time.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the injured worker denied a significant medical history. There was no evidence of any comorbidity to support the necessity for preoperative testing. The injured worker denied asthma, diabetes, hypertension and other serious illnesses. The medical necessity for preoperative testing has not been established in this case. Therefore, the request is not medically appropriate at this time.

Chest X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination

findings. In this case, the injured worker denied a significant medical history. There was no evidence of any comorbidity to support the necessity for preoperative testing. The injured worker denied asthma, diabetes, hypertension and other serious illnesses. The medical necessity for preoperative testing has not been established in this case. Therefore, the request is not medically appropriate at this time.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the injured worker denied a significant medical history. There was no evidence of any comorbidity to support the necessity for preoperative testing. The injured worker denied asthma, diabetes, hypertension and other serious illnesses. The medical necessity for preoperative testing has not been established in this case. Therefore, the request is not medically appropriate at this time.