

Case Number:	CM15-0210703		
Date Assigned:	10/30/2015	Date of Injury:	04/12/2013
Decision Date:	12/11/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/27/2015

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 was a 54 year old male, who sustained an industrial injury, April 12, 2013. The injured worker was undergoing treatment for lateral recess and severe foraminal stenosis at L4-L5 on the right with facet subluxation and degenerative disc disease at L5-S1. According to progress note of September 28, 2015, the injured worker's chief complaint was low back pain. The pain was rated 6-7 out of 10 and will get as high as 10 out of 10. The pain was aggravated by prolonged sitting or standing. The pain in the back radiated down both legs, right greater than the left. The injured worker was having difficulty bending and was experiencing popping sensations in the back with movement. The physical exam noted a generally healthy-appearing male. The injured worker walked with a normal gait. The pelvis and shoulders were level. The injured worker was able to bend forward and touch the fingertips to ankle level. There was remarkable pain with lateral right and left bending to the endpoint. The toe and heel walking was normal. The Trendelenburg test was negative. The straight leg raises were weakly positive on the right for reproduction of low back pain. The motor examination showed no deficits. The deep tendon reflexes were normal in both lower extremities. The injured worker previously received the following treatments Acetaminophen-Codeine 300-30mg, Gabapentin, Cymbalta, lumbar spine MRI on June 17, 2015 showed disc protrusions at L4-L5 and L5-S1 with the said anterolisthesis at L4-L5 on a degenerative basis; EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities and lumbar spine suspected mild right L5 radiculopathy. The RFA (request for authorization) dated October 15, 2015; the following treatments were requested bone marrow aspiration with bone graft and Pedicle screw fixation, CT scan of lumbar spine prior to surgery, medical clearance, laboratory studies of CBC (complete blood cell count), BMP (Basic metabolic panel), PT (prothrombin time), PTT (partial thrombin time), UA (urine

analysis), EKG (electrocardiogram) and chest x-ray. The UR (utilization review board) denied certification on October 22, 2015; for bone marrow aspiration with bone graft and Pedicle screw fixation, CT scan of lumbar spine prior to surgery, medical clearance, laboratory studies of CBC (complete blood cell count), BMP (Basic metabolic panel), PT (prothrombin time), PTT (partial thrombin time), UA (urine analysis), EKG (electrocardiogram) and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone marrow aspiration, bone graft substitute and pedicle screw fixation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines do recommend fusion for instability. Prior UR evidently certified the request for a TLIF lumbar fusion based on the documentation of a degenerative spondylolisthesis. While pedicle screw fixation can promote stability and fusion by providing a rigid construct, (Mobbs, R.J. et al, Technique, Challenges and Indications for percutaneous pedicle screw fixation. J.Clin. Neuroscience 18 (2011) 741-749, documentation does not provide a rationale as to why this is necessary. Bone marrow aspiration and bone graft substitute are also not superior to autologous bone graft and are viewed as investigational. according to: Alsaleh et al Spine, 2012 July 15:37 (16): E993-1000. The request is not medically necessary.

Pre-op CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The California MTUS guidelines do recommend computerized tomography (CT) scans when questions arise about bony anatomy. The guidelines indicate there should be physiological evidence of impairment to justify obtaining the scans. In this case, documentation does not reference such indications. The request is not medically necessary.

Pre-op 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, 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) Low back chapter- Preoperative testing, general.

Decision rationale: The ODG guidelines note that an " alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of

postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown." Documentation does not contain evidence that suggests the patient is at high level of risk. The requested treatment: Pre-op medical clearance is not medically necessary and appropriate.

Pre-op labs, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Low Back Chapter - Preoperative lab testing.

Decision rationale: The ODG guidelines state, "complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated." The documentation does not provide evidence that the patient has a disease with the risk of anemia. The documentation does not have evidence of the patient taking medications that could incite anemia. The requested treatment: Pre-op labs, CBC is not medically necessary and appropriate.

Pre-op labs, BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Low back Chapter- Preoperative lab testing.

Decision rationale: The ODG guidelines state 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." They also state that "Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus." The labs and BMP should be guided by the patient's clinical history according to the ODG guidelines. Documentation is not provided that explains why other components of the BMP are desired. The requested treatment: Pre-op labs, BMP is not medically necessary and appropriate.

Pre-op labs, 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, 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) Low back chapter - Preoperative lab testing.

Decision rationale: The ODG guidelines indicate that coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Documentation does not show a history of bleeding. Documentation

does not show the patient is taking anticoagulants. The requested treatment: Pre- op labs, PT/PTT is not medically necessary and appropriate.

Pre-op urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Low back chapter - Preoperative lab testing.

Decision rationale: The ODG guidelines state that "preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." Documentation shows the patient is not undergoing an invasive urological procedure. Documentation does not show implantation of a foreign material in the urinary tract. The requested treatment: Pre-op urinalysis is not medically necessary and appropriate.

Pre-op 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, 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) Low back chapter- Preoperative electrocardiogram (ECG).

Decision rationale: The ODG guidelines recommend preoperative EKGs for patients undergoing high-risk surgery. For those undergoing intermediate-risk surgery who have additional risk factors, they recommend EKGs. Patients undergoing low-risk surgery do not require electrocardiography. The requested treatment: Pre-op EKG is not medically necessary and appropriate.

Pre-op 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, 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) Low back chapter - Preoperative testing, general.

Decision rationale: The ODG guidelines state that "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." Documentation does not show conditions that suggest high pulmonary risk. Documentation does not show conditions that would likely lead to post-operative pulmonary complications. The requested treatment: Pre-op chest x-ray is not medically necessary and appropriate.