

Case Number:	CM15-0035810		
Date Assigned:	03/04/2015	Date of Injury:	04/27/2012
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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: California
 Certification(s)/Specialty: Internal Medicine

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 53 year old female, who sustained an industrial injury on April 27, 2012. The injured worker was diagnosed as having lumbar 1-lumbar 5 herniated nucleus pulposus, lumbosacral spondylosis, and sciatica. Treatment to date has included MRI, x-rays, physical therapy, epidural steroid injection, and medications including oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 17, 2015, an MRI of the lumbar spine was performed. On January 23, 2015, the injured worker complains of continuing lower back pain that radiates to her buttock and thighs, greater on the left than the right. She needs to use increased narcotics, but notices the medication is less effective. She wants to move forward with surgical management. The physical exam revealed continued decreased range of motion due to tenderness and continued dysesthesias into the buttocks and posterior thighs. There were hyporeflexic deep tendon reflexes of the left patella and Achilles, positive left straight leg raise, and multiple negative sacroiliac provocative tests. The treatment plan includes proceeding with fusion of lumbar 1-lumbar 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) purchase of vascutherm cold therapy unit to be dispensed by Precision Medical Products: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Cryotherapy, Cold/heat packs. ACOEM 3rd Edition Low back disorders (2011)
<http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses physical modalities. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that physical modalities have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. At-home local applications of heat or cold are as effective as those performed by therapists. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints states that at-home applications of local heat or cold to low back are optional, are not endorsed as recommended physical treatment methods. ACOEM 3rd edition (2011) addresses thermal modalities such as heat and cryotherapies. ACOEM 3rd edition recommends self-application of heat therapy and low-tech cryotherapy low back disorders. Application of heat (such as infrared, moist heat, whirlpool) by a health care provider is not recommended. Home use of a high-tech cryotherapy device is not recommended. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that there is minimal evidence supporting the use of cold therapy. The medical records document low back conditions. Lumbar spine surgery has been certified. The 3/13/15 progress report documented that the patient will proceed with lumbar spine surgery. The request for the purchase of a cold therapy device is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for VascuTherm cold therapy device is not medically necessary.

Outpatient pre-operative exam by Kali Eswaran, MD: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Preoperative testing, general. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127. Institute for Clinical Systems Improvement (ICSI) Perioperative protocol (2014)
<http://www.guideline.gov/content.aspx?id=48408>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and

Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicate that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Institute for Clinical Systems Improvement (ICSI) perioperative protocol guideline recommends a comprehensive preoperative basic health assessment for all patients undergoing a diagnostic or therapeutic procedure. Preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. The type and extent of evaluation required should be guided by standard medical practice, focusing on the patient's underlying medical condition and the planned procedure. The medical records document low back conditions. Lumbar spine surgery has been certified. The 3/13/15 progress report documented that the patient will proceed with lumbar spine surgery. The request for a pre-operative examination is supported by MTUS, ACOEM, and ICSI guidelines. Therefore, the request for an outpatient pre-operative examination is medically necessary.

EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic (Acute & Chronic) Preoperative testing, general. Institute for Clinical Systems Improvement (ICSI) Perioperative protocol (2014) <http://www.guideline.gov/content.aspx?id=48408>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address preoperative testing. Official Disability Guidelines (ODG) indicate that preoperative testing

(e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Institute for Clinical Systems Improvement (ICSI) perioperative protocol guideline recommends a comprehensive preoperative basic health assessment for all patients undergoing a diagnostic or therapeutic procedure. Preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. The type and extent of evaluation required should be guided by standard medical practice, focusing on the patient's underlying medical condition and the planned procedure. A perioperative electrocardiogram may be obtained to screen for abnormalities that require further evaluation or that will influence care under anesthesia. The medical records document low back conditions. Lumbar spine surgery has been certified. The 3/13/15 progress report documented that the patient will proceed with lumbar spine surgery. Given the risks of lumbar spine surgery and anesthesia, the request for preoperative testing is supported by ODG and ICSI guidelines. Therefore, the request for an EKG is medically necessary.