MAXIMUS Federal Services

Case Number:	CM15-0045920		
Date Assigned:	03/18/2015	Date of Injury:	02/16/2011
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: 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 43-year-old female who reported an injury on 02/16/2011. The mechanism of injury was lifting a box overhead at work. The diagnosis included displacement of lumbar intervertebral disc without myelopathy. The medications were not provided. The surgical history was not provided. Prior therapies included physical therapy. The documentation indicated the injured worker was scheduled for a lumbar laminectomy and discectomy at bilateral L5-S1. Diagnostic studies included an MRI of the thoracic and lumbar spine. The documentation of 02/11/2015 revealed the injured worker had pain in the lumbar spine that was 8 to 9. The injured worker had pain in the bilateral legs. The documentation indicated the injured worker had an MRI which revealed a 7 to 8 mm disc herniation and the injured worker was scheduled for surgery and blood donation. The recommendation was for a bilateral L5-S1 laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Treatment Index, 11th Edition (web), 2014, Low Back, Preoperative testing, general.

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 indicate that chest radiography is appropriate for patients at risk of postoperative complications if results will change perioperative management. The clinical documentation submitted for review failed to provide the injured worker would be at risk of postoperative pulmonary complications. There was a lack of documentation indicating the results would change perioperative management. There was a lack of documentation of exceptional factors. Given the above, the request for preoperative chest x-rays is not medically necessary.

Post-Op Lumbar Brace: 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), Treatment Index, 11th Edition (web), 2014, Low Back, Lumbar supports.

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, Back brace, post-operative (fusion).

Decision rationale: The Official Disability Guidelines indicate that post-operative back brace use in under study and that there is no scientific information on the benefit of bracing for improving fusion rates. The clinical documentation submitted for review failed to provide rationale for the request. There was a lack of documentation of exceptional factors. Given the above, the request for postop lumbar brace is not medically necessary.

Post-Op DVT Wrap: 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), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis, Compression Garments.

Decision rationale: The Official Disability Guidelines indicate that patients should assessed for risk for formation of deep vein thrombosis and if found to be at risk, there should be consideration of oral coagulation therapy. Additionally, the guidelines recommend compression garments for the prevention of deep venous thrombosis. The clinical documentation submitted

for review failed to provide documentation the injured worker had been found to be at risk for deep venous thrombosis. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for postop DVT wrap is not medically necessary.

Blood donation: Upheld

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 Other Medical Treatment Guideline or Medical Evidence
: Eva, Y. W., et al. "Reducing perioperative blood loss and allogeneic blood transfusion in patients undergoing major spine surgery." The Journal of Bone & Joint Surgery 93.13 (2011): 1268-1277.

Decision rationale: Per Eva, Y. W., et al. (2011) "Other techniques including preoperative autologous predonation; mandatory discontinuation of use of anti-platelet agents; intraoperative and postoperative red-blood-cell salvage; use of aprotinin, epsilon-aminocaproic acid, recombinant factor VIIa, or desmopressin; induced hypotension; avoidance of hypothermia; and minimally invasive operative techniques require additional studies to either establish their effectiveness or address safety considerations." There was a lack of documentation indicating a necessity for blood donation. The request as submitted failed to specify what the blood donation was for. There was no documented rationale. Given the above, the request for blood donation is not medically necessary.