

Case Number:	CM15-0053052		
Date Assigned:	04/16/2015	Date of Injury:	12/03/2014
Decision Date:	09/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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

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 33-year-old male, who sustained an industrial injury on 12/3/14. He reported initial complaints of lower back. The injured worker was diagnosed as having sacroiliac inflammation. Treatment to date has included physical therapy; bilateral sacroiliac injections (3/25/15). Diagnostics included MRI lumbar spine without contrast (2/18/15). Currently, the PR-2 notes dated 3/2/15 indicated the injured worker complains of low back and bilateral upper buttock, bilateral upper thigh pain that is severe and occurring for the last two months. The pain is primarily in the low back and does not radiate all the way to the bottom of calves, feet or ankles. The provider documents the injured worker is likely to have sacroiliac joint dysfunction bilaterally that did not improve with physical therapy. The symptoms are not radicular and requested as part of his treatment plan Bilateral Sacroiliac injections times 2 with sedation. This was authorized and completed on 3/25/15. However, he also requested Pre-op Medical clearance, Chest X-ray, EKG, CBC, CMP, Urinalysis, PT, PTT, which were all denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Perioperative protocol. Health care protocol. Bibliographic Source(s) Card R. Sawyer M. Degnan B. Harder K. Kemper J, Marshall M. Matteson M. Roemer R, Schuller-Bebus G. Swanson C, Stultz J, Sypura W, Terrell C. Varela N. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. [124 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. Per ODG, 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. The injured worker is diagnosed with Sacroiliac inflammation, for which Sacroiliac joint injection has been recommended. Physician reports fail to show chronic comorbid conditions that would place the injured worker at risk for complications and there is lack of evidence to support that the proposed procedure fits the criteria for intermediate or high-risk surgery. The request for Pre-op Medical clearance is not medically necessary per guidelines.

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15) Preoperative testing, general.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. Per ODG, 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. The injured worker is diagnosed with Sacroiliac inflammation, for which Sacroiliac joint injection has been recommended. Physician reports fail to show chronic comorbid conditions that would place the injured worker at risk for complications and there is lack of evidence to support that the proposed procedure fits the criteria for intermediate or high-risk surgery. The request for Chest X-Ray is not medically necessary per guidelines.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 01/14/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. Per ODG, 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. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. The injured worker is diagnosed with Sacroiliac inflammation, for which Sacroiliac joint injection has been recommended. Physician reports fail to demonstrate signs or symptoms of active cardiovascular disease or chronic comorbid conditions that would place the injured worker at risk for complication. Furthermore, there is lack of evidence to support that the proposed procedure fits the criteria for intermediate or high-risk surgery. The request for EKG is not medically necessary per guidelines.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004108/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. Per ODG, 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. Per ODG, a 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 injured worker is diagnosed with Sacroiliac inflammation, for which Sacroiliac joint injection has been recommended. Physician reports fail to show chronic comorbid conditions that would place the injured worker at risk for complications and there is lack of evidence to support that the proposed procedure fits the criteria for intermediate or high-risk surgery. The request for CBC is not medically necessary per guidelines.

CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmedhealth/PMH0003939>. A.D.A.M. Medical Encyclopedia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. Per ODG, 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. Per ODG, 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. The injured worker is diagnosed with Sacroiliac inflammation, for which Sacroiliac joint injection has been recommended. Physician reports fail to show chronic comorbid conditions that would place the injured worker at risk for complications and there is lack of evidence to support that the proposed procedure fits the criteria for intermediate or high- risk surgery. The request for CMP is not medically necessary per guidelines.

Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 04/03/14) Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. Per ODG, 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. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The injured worker is diagnosed with Sacroiliac inflammation, for which Sacroiliac joint injection has been recommended. Physician reports fail to show chronic comorbid conditions that would place the injured worker at risk for complications and there is lack of evidence to support that the proposed procedure fits the guideline criteria for ordering preoperative urinalysis. The request for CMP is not medically necessary.

PT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/10797608> Clinical utilization of the international normalized ration (INR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. Per ODG, 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The injured worker is diagnosed with Sacroiliac inflammation, for which Sacroiliac joint injection has been recommended. Physician reports fail to show that anticoagulants are being prescribed or that chronic comorbid conditions exist that would place the injured worker at risk for complications, including bleeding. The request for PT is not medically necessary per guidelines.

PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/10797608> Clinical utilization of the international normalized ration (INR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. Per ODG, the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The injured worker is diagnosed with Sacroiliac inflammation, for which Sacroiliac joint injection has been recommended. Physician reports fail to show that anticoagulants are being prescribed or that chronic comorbid conditions exist that would place the injured worker at risk for complications, including bleeding. The request for PTT is not medically necessary per guidelines.