

Case Number:	CM15-0059828		
Date Assigned:	04/06/2015	Date of Injury:	09/19/2001
Decision Date:	06/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/30/2015

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, Sports 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 44-year-old male, who sustained an industrial injury to the low back on 09/19/2001. Current diagnoses included residual lumbar spine radiculopathy and remote lumbar fusion. The injured worker was receiving ongoing treatment for low back pain. The injured worker underwent a spinal cord stimulator trial in 11/2014. The injured worker reported 70 % relief of radicular symptoms with subsequent improvement to functional mobility and a decrease in the amount of oral pain medication. In a PR-2 dated 01/14/2015, physical exam was remarkable for some tingling in the L4-5 and L5-S1 distribution on the right leg. The treatment plan included permanent spinal cord stimulator implantation with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

History and physical for surgery clearance: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, General.

Decision rationale: Testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, the injured worker requested preoperative testing prior to spinal cord stimulator implantation. However, there was no mention of a significant medical history or any comorbidity to support the necessity for preoperative medical clearance. In the absence of any signs or symptoms suggestive of a significant abnormality, the medical necessity has not been established. Given the above, the request is not medically necessary.

Pre-op labs: CBC with Diff, CMP, PT, PTT, UA, MRSA: 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 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 requested preoperative testing prior to spinal cord stimulator implantation. However, there was no mention of a significant medical history or any comorbidity to support the necessity for preoperative medical clearance. In the absence of any signs or symptoms suggestive of a significant abnormality, the medical necessity has not been established. Given the above, the request is not medically necessary.

Chest x-ray: 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 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 requested preoperative testing prior to spinal cord stimulator implantation. However, there was no mention of a significant medical history or any comorbidities to support the necessity for preoperative medical clearance. In the absence of any signs or symptoms suggestive of a significant abnormality, the medical necessity has not been established. Given the above, the request is not medically necessary.

EKG: 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 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 requested preoperative testing prior to spinal cord stimulator implantation. However, there was no mention of a significant medical history or any comorbidities to support the necessity for preoperative medical clearance. In the absence of any signs or symptoms suggestive of a significant abnormality, the medical necessity has not been established. Given the above, the request is not medically necessary.