

Case Number:	CM15-0060184		
Date Assigned:	04/06/2015	Date of Injury:	11/09/2001
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 67-year-old male who sustained an industrial injury on 11/09/2001. Diagnoses include status post lumbar fusion extension to L3-4, chronic low back pain, status post MLD L4-5, Status post laminectomy of L4-5, status post fusion of L4 to S1 and status post removal of hardware of the lumbar spine. Treatment to date has included medications, chiropractic treatment, implanted pain pump, spinal cord stimulator, acupuncture and physical therapy. Diagnostics performed to date included electrodiagnostic testing, x-rays, CT scans and MRIs. According to the progress notes dated 2/12/15, the IW reported low back pain rated 7/10 with radiation to the bilateral lower extremities, causing numbness in the feet. Medications significantly improve his pain. The IW failed PT, chiropractic care and acupuncture. His pain was relieved 80% by the spinal fusion on 3/28/14. However, a recent compression fracture at L3 has caused the movement of the L3 screw. He has reported nausea due to an increase in pain medications and would like to decrease his Dilaudid. The provider recommended the hardware at L3-4 be removed, with exploration of the fusion and possible revision. A request was made for pre-operative medical clearance (medical consult for history and physical, EKG, chest x-ray and labs (chemistry panel, CBC, UA, APTT, PT, type and screen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Medical Clearance (medical consult for history and physical, EKG, Chest X-ray, and Labs (Chem Panel, CBC, UA, APTT, PT, Type and Screen)): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Medicine, pre-operative clearance.

Decision rationale: The California MTUS, ACOEM and the ODG do not specifically address the requested medication. Per the American Academy of Family Medicine, pre-operative clearance is necessary based on patient's risk factors, disease states and the procedure being performed. This patient underwent lumbar fusion in 03/2014. The current request does not indicate that a new surgery has been approved. Therefore without approval for a new surgery, pre-operative clearance would not be medically necessary.