

Case Number:	CM15-0060943		
Date Assigned:	04/07/2015	Date of Injury:	11/29/1999
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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, Indiana, 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 47-year-old female, who sustained an industrial injury on 11/29/99. The injured worker was diagnosed as having lumbar psuedoarthrosis anteriorly after anterior stand alone cages at L4-5 and L5-S1 and loosened anterior interbody cages at l4-5 and L5-S1. Treatment to date has included anterior arthrodesis at L4-5 and L5-S1 wit placement of circular cages and oral pain medications. X-rays of lumbar spine were performed. Currently, the injured worker complains of severe lower back pain radiating around her hips aggravated with movement. Physical exam dated 2/6/15 revealed tenderness at lumbosacral junction with no sensory deficits and normal motor strength. The treatment plan included revision lumbar fusion surgery and a pre-operative (MRI) magnetic resonance imaging. A request for authorization was submitted for 2-day inpatient stay, history and physical; and pre-op studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in

Workers' Compensation, Disability Duration Guidelines; Low Back-Lumbar and Throacic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2000/0715/p387.html>.

Decision rationale: Pursuant to the American Family Physicians, preoperative history and physical examination are not medically necessary. A history and physical examination, focusing on risk factors for cardiac, pulmonary and infectious complications, and a determination of a patient's functional capacity, are essential to any preoperative evaluation. In addition, the type of surgery influences the overall perioperative risk and the need for further cardiac evaluation. Routine laboratory studies are rarely helpful except to monitor known disease states. Patients with good functional capacity do not require preoperative cardiac stress testing in most surgical cases. Unstable angina, myocardial infarction within six weeks and aortic or peripheral vascular surgery place a patient into a high-risk category for perioperative cardiac complications. Patients with respiratory disease may benefit from perioperative use of bronchodilators or steroids. Patients at increased risk of pulmonary complications should receive instruction in deep-breathing exercises or incentive spirometry. In this case, the injured worker's working diagnosis is lumbar pseudoarthrosis anteriorly after anterior stand-alone cages at L4 - L5 and L5 - S1. Documentation from a June 6, 2014 progress note shows the injured worker was having abdominal pain. Recommendations for gastrointestinal workup were made after detecting the presence of a mass/hematoma detected on an abdominal computerized tomography. On that same date, the injured worker wanted to hold off surgery. In a January 9, 2015 progress, note the injured worker at progression of symptoms of low back pain radiating to the legs. There was no further documentation of the abdominal pain workup with the abdominal mass in the medical record. There was no workup to rule out additional causes of abdominal hematoma/mass noted in the medical record. There was a recommendation to see a gastroenterologist for further workup. There was no documentation of a gastroenterologist consultation in the medical record. Prior to undergoing the requested surgery, workup of the abdominal mass/hematoma needs to be complete. There was no documentation of the completed abdominal hematoma/mass workup. Previous documentation from January 9, 2015 shows the injured worker underwent psychological screening and was determined fit for possible lumbar fusion surgery. The treating physician recommended proceeding with lumbar arthrodesis, preoperative lumbar MRI scan, multiple preoperative laboratory studies, and a preoperative clinical evaluation. Consequently, absent clinical documentation with a consultation and/or further workup of the abdominal mass/hematoma, preoperative history and physical are not medically necessary.

Preoperative Labs: Complete Blood Count with differential; Complete Metabolic Panel; Prothrombin Time; Partial thromboplastin time; Urinalysis; methicillin-resistant Staphylococcus aureus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Disability Duration Guidelines; Low Back-Lumbar and Throacic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2000/0715/p387.html>.

Decision rationale: Pursuant to the American Family Physicians, preoperative labs including CBC with differential, comprehensive metabolic profile, PT, PTT, urine analysis, MRSA are not medically necessary. A history and physical examination, focusing on risk factors for cardiac, pulmonary and infectious complications, and a determination of a patient's functional capacity, are essential to any preoperative evaluation. In addition, the type of surgery influences the overall perioperative risk and the need for further cardiac evaluation. Routine laboratory studies are rarely helpful except to monitor known disease states. Patients with good functional capacity do not require preoperative cardiac stress testing in most surgical cases. Unstable angina, myocardial infarction within six weeks and aortic or peripheral vascular surgery place a patient into a high-risk category for perioperative cardiac complications. Patients with respiratory disease may benefit from perioperative use of bronchodilators or steroids. Patients at increased risk of pulmonary complications should receive instruction in deep-breathing exercises or incentive spirometry. In this case, the injured worker's working diagnosis is lumbar pseudoarthrosis anteriorly after anterior stand-alone cages at L4 - L5 and L5 - S1. Documentation from a June 6, 2014 progress note shows the injured worker was having abdominal pain. Recommendations for gastrointestinal workup were made after detecting the presence of a mass/hematoma detected on an abdominal computerized tomography. On that same date, the injured worker wanted to hold off surgery. In a January 9, 2015 progress, note the injured worker at progression of symptoms of low back pain radiating to the legs. There was no further documentation of the abdominal pain workup with the abdominal mass in the medical record. There was no workup to rule out additional causes of abdominal hematoma/mass noted in the medical record. There was a recommendation to see a gastroenterologist for further workup. There was no documentation of a gastroenterologist consultation in the medical record. Prior to undergoing the requested surgery, workup of the abdominal mass/hematoma needs to be complete. There was no documentation of the completed abdominal hematoma/mess workup. Previous documentation from January 9, 2015 shows the injured worker underwent psychological screening and was determined fit for possible lumbar fusion surgery. The treating physician recommended proceeding with lumbar arthrodesis, preoperative lumbar MRI scan, multiple preoperative laboratory studies, and a preoperative clinical evaluation. Absent clinical documentation with a consultation and/or further workup of the abdominal mass/hematoma, preoperative history and physical are not medically necessary. Consequently, if the preoperative history and physical examination are not medically necessary, preoperative labs including CBC with differential, comprehensive metabolic profile, PT, PTT, urine analysis, MRSA are not medically necessary.