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| Case Number: | CM14-0122664 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 02/13/2012 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 49-year-old female with a 2/13/12 date of injury. At the time (6/23/14) of request for authorization for Medicine Consult, Pre-Op Medical Clearance, EKG, Chest X Ray, Pre-Op Labs, and Orphenadrine Citrate 100mg #60, there is documentation of subjective (radiating low back pain) and objective (restricted range of motion of the lumbar spine, diminished sensation in the left L5 dermatome, and positive left straight leg raise) findings, current diagnoses (lumbosacral spondylosis, lumbar disc displacement, lumbosacral neuritis, and leg joint effusion), and treatment to date (chiropractic treatment, acupuncture, epidural steroid injection, and medication (including ongoing treatment with Cyclobenzaprine)). Medical reports identify a request for micro lumbar decompression at left L5-S1 surgery that has been approved. Regarding Orphenadrine Citrate 100mg #60, there is no documentation of acute muscle spasms, or acute exacerbation of chronic low back pain, and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medicine Consult, Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, lumbar disc displacement, lumbosacral neuritis, and leg joint effusion. In addition, there is documentation of a request for micro lumbar decompression at left L5-S1 surgery that has been certified. However, there is no documentation of a rationale justifying the medical necessity for Pre-Op Medical Clearance. Therefore, based on guidelines and a review of the evidence, the request for Medicine Consult, Pre-Op Medical Clearance is not medically necessary.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, lumbar disc displacement, lumbosacral neuritis, and leg joint effusion. In addition, there is documentation of a request for micro lumbar decompression at left L5-S1 surgery that has been certified. However, there is no documentation of a rationale justifying the medical necessity for EKG. Therefore, based on guidelines and a review of the evidence, the request for EKG is not medically necessary.

Chest X Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, lumbar disc displacement, lumbosacral neuritis, and leg joint effusion. In addition, there is documentation of a request for micro lumbar decompression at left L5-S1 surgery that has been certified. However, there is no documentation of a rationale justifying the medical necessity for Chest X Ray. Therefore, based on guidelines and a review of the evidence, the request for Chest X Ray is not medically necessary.

Pre-Op Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, lumbar disc displacement, lumbosacral neuritis, and leg joint effusion. In addition, there is documentation of a request for micro lumbar decompression at left L5-S1 surgery that has been certified. However, there is no documentation of the specific workup being requested. Therefore, based on guidelines and a review of the evidence, the request for Pre-Op Labs is not medically necessary.

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of

diagnoses of lumbosacral spondylosis, lumbar disc displacement, lumbosacral neuritis, and leg joint effusion. In addition, there is documentation of Orphenadrine used as a second line option. However, there is no documentation of acute muscle spasms, or acute exacerbation of chronic low back pain. In addition, given documentation of a request for Orphenadrine Citrate 100mg #60, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine Citrate 100mg #60 is not medically necessary.