

Case Number:	CM14-0139870		
Date Assigned:	09/08/2014	Date of Injury:	02/27/1995
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Orthopaedic 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:

This 51-year-old male sustained an industrial injury on 2/27/95. The mechanism of injury was not documented. Past surgical history was positive for L4/5 lumbar fusion on 7/28/95, L4/5 revision fusion decompression with instrumentation on 6/7/96, and removal of previous hardware with fusion L3/4 and L4/5 on 6/1/00. Past medical history was positive for urinary frequency and retention, low blood pressure, and stomach ulcers. The patient was a current smoker. The 10/22/13 lumbar MRI showed an L2/3 posterior disc bulge causing mild to moderate canal narrowing and mild bilateral foraminal narrowing. Surgery was recommended based on failure of conservative treatment. The 8/6/14 utilization review certified a request for L2/3 direct lateral fusion/posterior laminectomy instrumented fusion at L2/3 with assistant surgeon, history and physical for surgical clearance, 3-day length of stay, and a lumbosacral brace. The request for pre-operative lab work, chest x-ray, EKG, urinalysis, and MRSA screening was denied as routine lab testing was no longer considered medically necessary and there was no history of significant medical problems. The 8/25/14 treating physician report appealed the denial of pre-operative lab work, chest x-ray, EKG and urinalysis that corresponded with pre-operative medical clearance. This testing was necessary to ensure the patient was medically stable to go forward with any sort of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Lab Work Chest X-Ray, EKG, UA, MRSA Screening LSC Back Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139. Decision based on Non-MTUS Citation Practice advisory for Preanesthesia Evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38; ACR Appropriateness Criteria Routine Admission and Preoperative Chest Radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most pre-operative tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria for the requested pre-operative screening studies have been met based on patient age, magnitude of surgical procedure, smoking status, recumbent position, fluid exchange and the risks of undergoing anesthesia. The 8/6/14 utilization review certified the lumbosacral brace. Therefore, this request is medically necessary.