MAXIMUS Federal Services

Case Number:	CM14-0142693		
Date Assigned:	09/10/2014	Date of Injury:	07/24/2007
Decision Date:	11/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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:

The injured worker is a 35-year-old female who reported an injury on 07/24/2007 caused by an unspecified mechanism. The injured worker's treatment history included medications, a core stimulator, and surgery. The injured worker was evaluated on 08/16/2014 and it was documented that the injured worker complained of back pain radiating to the lower extremities. It was throbbing, shooting, stabbing, sharp, cramping, burning, sickening, and aching. It was moderate, escalating activities of daily living aggravated the underlying symptoms. The injured worker presented for an analysis and preprogramming of the post generator due to inadequate stimulation and that it was not achieving bilateral lower extremity relief (only back relief). Physical examination of the lumbosacral spine revealed range of motion (in degrees) flexion was 20, extension 5, bilateral flexion 10, and bilateral rotation 5. These maneuvers were performed with back pain. That was decreased to touch over the bottom and sides of the great toe. Analysis and reprogramming of the post generator documented pulse rate at A #1 was 210, A #2 was 420, B #1 was 390, B #2 was 300, B #3 was 210, B #4 was 270, C #1 was 450, C #2 was 450, and C #3 was 380. The injured worker's activities of daily living were reflective of total pain related impairment score of 58, placing the injured worker in a moderately severe impairment category. Diagnosis included postlaminectomy syndrome, lumbar, and status post spinal cord stimulator system. Medications included Gabapentin, Hydrocodone/APAP, Hydroxyzine, Methadone, Pantoprazole, Trazodone, Zanaflex. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General

Decision rationale: The requested Chest x-ray is not medically necessary. According to the Official Disability Guidelines (ODG) recommends preoperative testing, general. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Now proposed tests are being ordered in preparation for spinal cord stimulator generator exchange. This procedure is done under local anesthetic and/or monitor anesthesia care. Routine chest x-ray are not recommended for the injured worker without evidence of underlying pulmonary or cardiovascular pathology. As such, the request for chest x-ray is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Preoperative electrocradiogram (ECG)

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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General. Preoperative Electrocardiogram (ECG).

Decision rationale: The request for Electrocardiogram (EKG) is not medically necessary. Per the Official Disability Guidelines (ODG) recommends Pre-op EKG are recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk

generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. The proposed tests are being ordered in preparation for spinal cord stimulator generator exchange. This procedure is done under local anesthetic and/or monitored anesthesia care. EKGs are not recommended for the injured worker without evidence of underlying pulmonary or cardiovascular pathology. As such, the request for EKG is not medically necessary.

Pre-op Labs: Comprehensive Metabolic Panel, CBC, Hematocrit, Hemoglobin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG), LOW BACK, PREOPERATIVE LAB TESTING

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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

Decision rationale: The requested is not medically necessary. According to the Official Disability Guidelines (ODG) recommends preoperative testing, general. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Most tests are being ordered in preparation for spinal cord stimulator generator exchange. This procedure is done under local anesthetic and/or monitored anesthesia care. There is no evidence to suggest this injured worker is an increased risk for bleeding or has coagulation disorder necessitating complete blood count. There is no underlying renal disease. As such, the request for preop labs; comprehensive metabolic panel, CBC, hematocrit, hemoglobin is not medically necessary.