

Case Number:	CM14-0143033		
Date Assigned:	09/10/2014	Date of Injury:	06/30/2006
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/03/2014

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 Spine Surgeon and is licensed to practice in 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 58-year-old male who reported injury on 06/03/2006. The mechanism of injury was cumulative trauma. The injured worker underwent an L4-5 and L5-S1 anterior discectomy and fusion on 04/16/2013. The injured worker was noted to be approved for a VascuTherm cold therapy unit 7 day rental and postoperative physical therapy x12 as well as lumbar hardware removal from L4 through S1 and a 1 day inpatient stay. Prior therapies included physical therapy and a hardware injection. The injured worker underwent a lumbar CT scan. The diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. The documentation of 06/02/2014 revealed the injured worker had complete relief of his back pain with the prior lumbar hardware injection and then it started to return to its normal level. The injured worker would like to have his hardware removed. The injured worker denied smoking tobacco products. The injured worker's medications included Celebrex, Norco, simvastatin, Omeprazole, Clonazepam, and Trazodone. The injured worker had tenderness over the hardware. The range of motion recreates pain over the hardware. The treatment plan included a CT to determine if the fusion was solid. The subsequent documentation of 08/06/2014 revealed an order for a preoperative EKG and medical clearance including preoperative labs, CBC, CMP, PTT, PT, UA, and possible chest x-ray if the injured worker's history or current medical status required it, a lumbar brace and cervical collar, a cold therapy VascuTherm unit to reduce swelling and edema and the risk of pulmonary embolism, stroke and heart attack and postoperative physical therapy 2 x Wk x 6 Wks with a hospital stay of 1 day. There was a request for authorization submitted for the requested interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vasuthelum Cold Therapy Unit x 14 day rental: Upheld

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

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, Cold/heat packs, Knee & Leg Chapter, Venous Thrombosis, Compression Garments

Decision rationale: The Official Disability Guidelines recommend hot and cold packs as an option for acute pain. Cryotherapy is not recommended. Additionally, the Official Disability Guidelines indicate that patients should be assessed for risk of deep venous thrombosis and treated appropriately. They recommend the use of compression garments which are compression stockings to decrease the risk of deep vein thrombosis. There was a lack of documentation indicating that the use of compression stocking would not be sufficient to prevent Deep Venous Thrombosis. There was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for VascuTherm cold therapy unit x14 day rental is not medically necessary.

Pre-operative Clearance Exam: 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 Chapter, Preoperative testing, General

Decision rationale: The Official Disability Guidelines indicate the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. The clinical documentation submitted for review indicated the injured worker underwent a prior surgical intervention approximately 1 year prior to the request. There was a lack of documentation indicating the injured worker had a history of medical problems that the injured worker had comorbidities to support the necessity for a preoperative clearance examination. Given the above, the request for preoperative clearance exam is not medically necessary.

Pre-operative EKG: 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 Chapter, Preoperative electrocardiogram

Decision rationale: The Official Disability Guidelines recommends an EKG for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. The clinical documentation submitted for review indicated the injured worker had undergone a prior surgical intervention. There was a lack of documentation indicating the injured worker had additional risk factors to support the necessity for preoperative EKG. Given the above, the request for preoperative EKG was not medically necessary.

Pre-operative 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 Chapter, Preoperative testing, general

Decision rationale: The Official Disability Guidelines recommends chest radiography for patients at risk of postoperative pulmonary complications if the results would change perioperative management. There was a lack of documentation indicating the injured worker was at risk of pulmonary complications. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for preoperative chest x-ray was not medically necessary.

Pre-operative Labs: CBC with diff, CMP, PT, PTT, UA: 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)

Decision rationale: The Official Disability Guidelines recommends a complete blood count for patients who have diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. There was a lack of documentation indicating the injured worker had a disease that increased the risk of anemia and that significant perioperative blood loss was anticipated. The Official Disability Guidelines recommends that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. There was a lack of documentation indicating the injured worker was taking medications that would predispose him to an electrolyte abnormality or renal failure. The Official Disability Guidelines recommends coagulation studies for patients with a history of bleeding or medical conditions

that predispose them to bleeding, and for those taking anticoagulants. The clinical documentation did not indicate the injured worker had a history of bleeding or a medical condition that would predispose him to bleeding or that he was taking anticoagulants. The Official Disability Guidelines recommends a preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign materials. There was a lack of documentation indicating the injured worker was undergoing an invasive urologic procedure or implantation of foreign material. Given the above, the request for Pre-operative Labs: CBC with diff, CMP, PT, PTT, UA is not medically necessary.

DME Lumbar Brace: 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, Back brace, post-operative (fusion)

Decision rationale: The Official Disability Guidelines indicate that postoperative back braces are under study. The clinical documentation submitted for review indicated the injured worker had undergone a procedure 1 year prior to the request. The injured worker would have received a postoperative back brace at that time. There was a lack of documentation indicating the back brace was insufficient to utilize for a second surgical intervention. Given the above, the request for DME lumbar brace is not medically necessary.

Post-operative Aquatic Therapy x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): page 10, page 26.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy as an additional form of exercise therapy and it is specifically recommended where reduced weight bearing is desirable. The clinical documentation submitted for review indicated the quantity of sessions is one half the number of visits specified in the general course of therapy which would be 34 visits post surgically for fusion. However, this was noted to be a removal of hardware which would not specifically necessitate the need for 34 visits. Additionally, the request for physical therapy would be supported for 12 visits. The request as submitted failed to indicate the body part to be treated. Additionally, there was a lack of documentation indicating a necessity for reduced weight bearing. The documentation indicated the injured worker was certified for 12 postoperative physical therapy visits. There would be a lack of necessity for both land and aqua therapy. Given the above, the request for postoperative aquatic therapy x12 is not medically necessary.