

Case Number:	CM14-0169559		
Date Assigned:	10/17/2014	Date of Injury:	10/02/1999
Decision Date:	12/15/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 70 year old male presenting with chronic pain following a work related injury on 10/02/1999. The claimant complained of low back pain with intermittent exacerbations. The claimant complained of increased pain in his back as well as pain and aching and fatigue in the legs with standing and walking. The physical exam showed forward stoop in standing, mild tenderness along the midline of the lumbar spine, mild paraspinal tenderness, and range of motion is limited secondary to pain. X-ray of the lumbar spine showed severe multi-level spondylosis throughout the lumbar spine with moderate to severe disc space narrowing at all levels. MRI of the lumbar spine showed multi-level severe disc degeneration L1 to S1 as well as in the thoracolumbar region. The claimant was diagnosed with L4-5 grade 1 degenerative spondylolisthesis with severe spinal stenosis, L3-4 moderate to severe spinal stenosis and possible arachnoiditis, given clumping of the nerve roots, multi-level degenerative disc disease throughout the lumbar spine, L5-S1 bilateral foraminal narrowing right greater than left. The claimant's medications included Norco and Naprosyn. The medical records noted that the claimant failed to benefit from conservative treatment. The provider recommended L3-4 and L4-5 posterior decompression without fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-rays, Labs: CBC with differential, CMP, UA, PT/PTT, INR, Medical Clearance, and EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (last updated 8/22/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Preoperative Testing, General

Decision rationale: Chest x-rays, Labs: CBC with differential, CMP, UA, PT/PTT, INR, Medical Clearance, and EKG is medically necessary with the exception of the UA. The claimant seems to be a candidate for lumbar decompression due to spinal stenosis. It is medically necessary to perform these labs and obtain medical clearance prior to the surgery. The ODG states that preoperative testing (e.g, chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. This investigation can be helpful to stratify risk, direct anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. If the claimant is approved for this high risk surgery and given his past medical history, the requested services are medically necessary with the exception of a urinalysis as there is no indication for this.