MAXIMUS Federal Services

Case Number:	CM14-0181904		
Date Assigned:	11/06/2014	Date of Injury:	09/20/2002
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Surgery and is licensed to practice in Georgia and South Carolina. 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 54-year-old male who reported an injury on 09/20/2002. The mechanism of injury was not provided. His diagnosis was noted to include cervical spondylosis. His past treatments were noted to include medications, a failed cervical surgery, and a trial of intrathecal opioids. On 09/12/2014, he was noted to have undergone an intrathecal opioid trial, which was proven to be successful. On 10/01/2014, the injured worker was noted to have pain to his neck, back, and bilateral upper extremities which he rated 4/10 with the aid of medications. The injured worker noted that he received 99% pain relief from the intrathecal opioid trial and wished to proceed with the implantation; however, there was no evidence in the clinical documentation with the approval or projected date of surgery. The injured worker was noted to have tenderness at the cervical paravertebral regions bilaterally, Spurling's test was positive bilaterally, and it was also documented that he had radiculopathy to the right side. His medications were noted to include Cymbalta 60 mg every night, Klonopin 2 mg 4 times a day as needed, and Soma 350 mg twice a day as needed. His treatment plan was noted to include preoperative labs, postoperative home health care, continuation of medications, implantation of intrathecal catheter, and implantation of a programmable infusion pump. A request was received for preoperative labs to include Comprehensive metabolic panel (CMP), Complete blood count (CBC), Electrocardiogram (EKG), and methicillin resistant Staphylococcus aureus (MRSA) swab test without rationale, as well as a request for an unknown postoperative in home health care as he lives alone. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Lab to include Comprehensive metabolic panel (CMP), Complete blood count (CBC), Electrocardiogram (EKG), and methicillin resistant Staphylococcus aureus (MRSA) swab test: 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, Preoperative testing, general

Decision rationale: The request for preoperative labs to include CMP, CBC, EKG, and MRSA swab test is not medically necessary. According to the Official Disability Guidelines, preoperative laboratory testing is often performed before surgical procedures. These tests can help to detect risks, guide surgical choices, and help aid in postoperative care. It was noted the injured worker had a successful intrathecal opioid trial and wished to continue with the implantation. However, there was no evidence of approval or date of surgery for the projected implantation. As these labs are to be performed before surgical procedures, and there is no projected date or approval of the surgery, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Unknown Postoperative In-Home Healthcare: 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 Home health services Page(s): 51.

Decision rationale: The request for an unknown postoperative in home healthcare is not medically necessary. According to the California MTUS Guidelines, home healthcare services are only recommended for those who are home bound. This injured worker was not noted to be home bound and the rationale for the requested service was that the injured worker lived alone. As the documentation does not suggest that this injured worker is home bound, he is not a candidate for such home health services, and therefore, the request is not supported by the evidence based guidelines. Additionally, there was an absence of a documentation noting approval or date of the projected surgical procedure. As such, the request for unknown postoperative in home healthcare is not medically necessary.