

Case Number:	CM14-0196433		
Date Assigned:	12/03/2014	Date of Injury:	03/21/2014
Decision Date:	02/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 21-year-old female who reported injury on 03/21/2014. The mechanism of injury was due to the injured worker performing her customary duties while lifting a box of bananas, she pulled forward and felt a pain in her back and right leg. The patient has diagnosis of sciatica due to displacement of lumbar disc. Past medical treatments consist of Chiropractic Therapy, Physical Therapy, Epidural Steroid Injection, and Medication Therapy. Medication includes ibuprofen 800 mg. On 07/08/2014, the injured worker underwent an MRI of the lumbar spine which revealed an annular tear with a 5 mm posterior right paracentral disc protrusion at L5-S1 with resultant compression of the right S1 nerve within the spinal canal. On 10/15/2014, the injured worker complained of low back and right leg pain. Physical examination revealed no tenderness to palpation. Bilateral hip flexion, knee flexion, knee extension, ankle plantar flexion of the left was 5/5. Ankle long peroneal on the right was 4/5, ankle dorsiflexion on the right was 4-/5, and ankle plantar flexion on the right was 4-/5. The physical examination of the musculoskeletal system was within normal limits. Babinski, Kerning's sign, Brudzinski's were negative. Medical treatment plan is for the injured worker to undergo right L5-S1 Microdiscectomy with intraoperative monitoring. A rationale was not submitted for review. The Request for Authorization form was submitted on 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Clearance: H&P (History and Physical): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition (web), Low Back Chapter, Pre-operative Electrocardiogram (ECG), and Lab Testing, and Pre-operative testing, general

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 pre-op medical clearance for H&P (History and Physical) is not medically necessary. The Official Disability Guidelines state that preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. There was no indication in the submitted documentation of the injured worker being scheduled for surgery. Given that surgery has not been deemed medically necessary, the request service would not be warranted. As such, the request is not medically necessary.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back chapter, Preoperative electrocardiogram (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, Preoperative electrocardiogram (ECG).

Decision rationale: The request for pre-operative EKG is not medically necessary. The Official Disability Guidelines recommend EKGs for patients undergoing high risk surgery and that undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Patients with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. There was no indication in the submitted documentation of the injured worker having any cardiovascular deficits. Additionally, the requested surgery has not been deemed appropriate. As such, the requested service would not be warranted. As such, the request is not medically necessary.

Pre-operative Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back Chapter, Preoperative testing, general.

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, Radiography (x-rays).

Decision rationale: The request for pre-operative chest x-ray is not medically necessary. The Official Disability Guidelines do not recommend routine x-rays in the absence of red flags. However, some physicians feel it may be appropriate when the physician believes it would aide in the patient's expectations and management. There was no indication in the submitted documentation of the requested surgery being warranted. Given the above, medical necessity would not be indicated. As such, the request for pre-operative Chest X-Ray is not medically necessary.

Pre-operative labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Low Back Chapter, Preoperative testing, general.

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 lab testing.

Decision rationale: The request for pre-operative labs is not medically necessary. The Official Disability Guidelines recommend preoperative labs for patients undergoing invasive neurologic procedures and those undergoing implantation of foreign material. Preoperative additional testing is excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory test, besides generating high risk and unnecessary cause, are not good standardized screening instruments for diseases. The submitted documentation did not indicate that the requested surgical procedure was warranted. Additionally, guidelines do not recommend laboratory testing. Given the above, medical necessity has not been established. As such, the request is not medically necessary.