

<b>Case Number:</b>	CM14-0211645		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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, Massachusetts, Nebraska  
 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 54 year old female who reported an injury on 11/01/2011. The mechanism of injury was noted as course of usual work duties. Her diagnoses was noted to include, chronic pain, cervical disc degeneration, cervical radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy, L4-5 annular tear and NSAID tolerance. Her diagnostic studies and surgical history was not provided. During the assessment on 11/25/2014, the injured worker complained of neck and low back pain. She rated her pain an 8/10 with medication and a 10/10 without medication. The physical examination of the cervical spine revealed no gross abnormality. There was spasm noted bilaterally. The physical examination of the lumbar spine spasm in the bilateral paraspinous musculature at L4-S1. Her medications was noted to include hydrocodone/acetaminophen 10/325 mg daily, naproxen sodium 550 mg daily and pantoprazole 20 mg daily as needed. The treatment plan was to refer the injured worker to an orthopedic spine surgeon for an evaluation, continue with home exercise program and continue with current medication regimen. The rationale for the request was not provided. The Request for Authorization form was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Post-op physical therapy two times a week for six weeks, twelve sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The request for postop physical therapy 2 times a week for 6 weeks, 12 sessions is not medically necessary. The California MTUS Postoperative Guidelines recommend up to 48 visits over 18 weeks for intervertebral disc disorder with myelopathy. However, the requested surgical intervention was not indicated in the request, therefore, making it difficult to determine which type of surgery the injured worker was going to be involved in. The treatment plan was noted to refer the injured worker to an orthopedic spine surgeon for evaluation of the injured worker's lumbar spine; however, the type of surgery was not provided. Given the above, the request is not medically necessary.

**Associated surgical service: Medical clearance (CBC, CMP, PT/PTT, hep panel, HIV panel, UA , EKG, 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), Low Back , 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. Preoperative electrocardiogram (ECG), Preoperative testing, general, <http://labtestsonline.org/home/SearchForm?Search=HIV+testing>.

**Decision rationale:** The request for medical clearance, (CBC, CMP, PT/PTT, hep panel, HIV panel, UA, EKG, chest x-ray) is not medically necessary. The Official Disability Guidelines indicate the criteria for preoperative lab testing as; preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material; electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to the electrolyte abnormalities or renal failure; a complete blood count is indicated for injured workers with disease that increase the risk of anemia or injured workers in whom significant perioperative blood loss is anticipated and coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. There was no documentation indicating that the injured worker was to undergo an invasive urologic procedure or undergo implantation of foreign material. There was no indication that the injured worker had an increased risk of anemia or a history of bleeding or medical condition that predisposed her to bleeding or was taking anticoagulants. As such, the request for CBC, CMP, PT/PTT, hep panel, HIV panel, UA is not supported. In regard to the request for an EKG, the Official Disability Guidelines recommend that preoperative

electrocardiogram for injured workers undergoing high risk surgery and those undergoing immediate risk surgery who have additional risk factors. The clinical documentation did not indicate that the injured worker was undergoing high risk surgery or had signs or symptoms of active cardiovascular disease. As such, the request for preoperative EKG is not supported. In regards to the request for a preoperative chest x-ray, the Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. The clinical documentation did not indicate that the injured worker was at risk for any postoperative pulmonary complications. Given the above, the request is not medically necessary.

**Associated surgical service: Assistant surgeon: 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, Surgical Assistant.

**Decision rationale:** The request for an assistant surgeon is not medically necessary. The Official Disability Guidelines recommend a surgical assistant as an option in more complex surgeries. An assistant surgeon actively assists the physician performing a surgical procedure. The clinical documentation did not indicate what type of surgery the injured worker was to have, much less the complexity of the surgery to warrant a need for an assistant surgeon. Given the above, the request is not medically necessary.

**Associated surgical service : Knee brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Brace

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee Brace.

**Decision rationale:** The request for a knee brace is not medically necessary. The Official Disability Guidelines recommend valgus knee braces for knee osteoarthritis. Knee braces that produce a valgus movement about the knee markedly reduce the knee adduction limit and unload the medial compartment of the knee, but could be impractical for many injured workers. The clinical documentation did not indicate that the injured worker was in need of a knee brace. The clinical documentation did not include a physical examination of the injured worker's knees, or current functional condition of the knees including range of motion and motor strength which would support the request for a knee brace. Given the above, the request is not medically necessary.