

Case Number:	CM15-0017722		
Date Assigned:	02/05/2015	Date of Injury:	07/04/2011
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male, who sustained an industrial injury on July 4, 2011. He has reported headaches, neck pain, mid and low back pain associated with weakness, numbness and swelling in the neck and back radiating to the buttocks, shoulders, wrists, hands, fingers, hips, thighs and legs. The diagnoses have included lumbar disc protrusion, bilateral lower extremity radiculopathy, right greater than left and status post lumbar epidural steroid injections. Treatment to date has included radiographic imaging, diagnostic studies, steroid injection, conservative therapies and pain medications. Currently, the IW complains of headaches, neck pain, mid and low back pain associated with weakness, numbness and swelling in the neck and back radiating to the buttocks, shoulders, wrists, hands, fingers, hips, thighs and legs. The injured worker reported an industrial injury in 2011 resulting in the above described pain. On July 23, 2014, evaluation revealed lumbar myoligamentous injury with evidence of facet joint syndrome, cervical myoligamentous injury, left shoulder full thickness tear with impingement, bilateral carpal tunnel syndrome and medication induced gastritis. It was noted he did not respond to lumbar epidural steroid injections, acupuncture or chiropractic care. The recommendation was for lumbar facet joint injection. Evaluation on September 4, 2014, it was noted the pain continued. Lumbar facet injection was noted to be pending authorization. On December 9, 2014, it was noted the facet injection provided no relief. The pain continued. On January 14, 2015, Utilization Review non-certified a request for pre-spine fusion clearance and psychological clearance prior to spine fusion surgery, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 29, 2015, the injured worker submitted an application for IMR

for review of requested pre-spine fusion clearance and psychological clearance prior to spine fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-spine Fusion Clearance: Overturned

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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter: Pre Operative testing

Decision rationale: The patient presents with headaches, neck pain, mid and low back pain associated with weakness, numbness and swelling in the neck and back radiating to the buttocks, shoulders, wrists, hands, fingers, hips, thighs and legs. The current request is for Pre-spine Fusion Clearance. The treating physician on 1/5/15 (37B) states, "request auth prespine Fusion clearance." MTUS is silent regarding this treatment. ODG states, "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." In this case, the treating physician has documented the injured workers failure to respond to conservative care, and is now moving forward with the treatment plan to have the patient undergo surgical intervention pending the results from the Pre-spine fusion clearance, the approved EMG/NCV as well as multiple x-rays. The current request is made prior to surgery and done as part of the pre-operative screening process in compliance with ODG. Therefore, the request is medically necessary and the recommendation is for authorization.

Psychological Clearance prior to spine fusion surgery: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter: Pre-operative screening

Decision rationale: The patient presents with headaches, neck pain, mid and low back pain associated with weakness, numbness and swelling in the neck and back radiating to the buttocks, shoulders, wrists, hands, fingers, hips, thighs and legs. The current request is for Psychological Clearance prior to spine fusion surgery. UR denied the request under the statement that the Injured Worker has no scheduled or impending surgery. The treating physician's request for treatment is not included in the clinical history. MTUS is silent regarding this treatment. ODG states, "recommended as an option prior to surgery, or in cases with expectations of delayed

recovery. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as MMPI (Minnesota Multiphasic Personality Inventory) and Waddell signs." ODG goes further to state, "In workers comp it is recommended to screen for presurgical biopsychosocial variables because they are important predictors of discectomy outcomes." In this case, ODG clearly states psychological screening should happen "before referral for surgery" as requested by the treating physician. The current request is medically necessary and the recommendation is for authorization.