

Case Number:	CM15-0113446		
Date Assigned:	06/29/2015	Date of Injury:	07/25/2014
Decision Date:	08/18/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York

Certification(s)/Specialty: Neurological 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 25 year old female who sustained an industrial injury on December 4, 2014. She has reported right leg injury and has been diagnosed with lumbosacral strain and herniated discs at L3-4, L4-5 and L5-S1 with lateral recess stenosis at L5-S1 bilaterally. Treatment has included medications and injection. Upon examination, the injured worker walked with a limp. Range of motion to the lumbar spine noted flexion to be 2 feet from fingertip s to toes. Straight leg raise was positive on the right at 45 degrees for low back and right leg pain and negative on the left. Gaenslen's test was positive on the right for low back and right buttock pain. Palpation of the lumbar spine and paralumbar musculature revealed midline tenderness from L3 to S1. There was lateral tenderness of the paraspinal musculature on the right from L3 to S1 and over the buttock. The treatment request included chest x ray, UA, SSEP, sedimentation rate, EMG, and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: chest x-ray: 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) Physical Therapy Chapter-Preoperative testing-general.

Decision rationale: The ODG guidelines do recommend chest radiography if the patient has the expectation of post-operative pulmonary complications. A chest x-ray would be recommended if the patient had co-morbid pulmonary disease. The chest x-ray would be recommended if the information obtained would affect postoperative management decisions. Documentation does not contain any evidence to support obtaining a pre-operative chest x-ray. The requested treatment: Associated surgical service: chest x-ray is not medically necessary and appropriate.

Associated surgical service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/ency/article/003869.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy chapter-preoperative electrocardiogram (EKG).

Decision rationale: The ODG guidelines do recommend a preoperative electrocardiogram if the patient is to undergo a high-risk procedure. Documentation does not show this. The guidelines indicate an EKG would be indicated if the patient had cardiac risk factors and was to undergo an intermediate risk procedure. Documentation does not support this. The requested treatment: Associated surgical service: EKG is not medically necessary and appropriate.

Associated surgical service: SED rate: 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) Physical therapy chapter-preoperative testing-general.

Decision rationale: The ODG guidelines recommend preoperative testing guided by the patient's clinical exam and history. Documentation does not provide evidence as to why the SED rate would be indicated. The guidelines recommend testing when the information obtained will aid in post-operative management. Documentation does not provide information as to how the SED rate would affect decision-making. The requested treatment: Associated surgical service: SED rate is not medically necessary and appropriate.

Associated surgical service: UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo/hw6580.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy chapter-preoperative testing general.

Decision rationale: The ODG guidelines recommend preoperative testing guided by the patient's clinical exam and history. Documentation does not provide evidence as to why the UA would be indicated. The guidelines recommend testing when the information obtained will aid in post-operative management. Documentation does not provide information as to how the UA would affect decision-making. The requested treatment: Associated surgical service: UA is not medically necessary and appropriate.

Associated surgical service: SSEP: Overturned

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) Neck Chapter-intraoperative neurophysiological monitoring.

Decision rationale: The ODG guidelines do recommend intraoperative neurophysiological monitoring during spinal surgeries. The guidelines advise their use if there is a risk of significant complications. The guidelines note there are significant low risk populations when monitoring might safely be eliminated. However, neurophysiological monitoring during disc surgery would be advised. The Associated surgical service: SSEP: is medically necessary and appropriate.

Associated surgical service: EMG: 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) .

Decision rationale: The ODG guidelines do recommend intraoperative neurophysiological monitoring during spinal surgeries. The guidelines advise their use if there is a risk of significant complications. However intraoperative EMG is not recommended.