MAXIMUS Federal Services

Case Number:	CM15-0121681		
Date Assigned:	07/09/2015	Date of Injury:	03/18/2014
Decision Date:	08/05/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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 37 year old male who sustained an industrial injury on 3/18/14. Diagnoses are L5-S1 degenerative disc disease, L5-S1 sponylolisthesis, L5-S1 large central disc herniation, and right lumbar radiculopathy. In a progress report dated 6/4/15, a treating physician notes complaints of low back pain and right greater than left, leg pain. Gait is antalgic and he is unable to heel and toe walk. Range of motion is still bad. An MRI was done 4/22/14 and surgery is going to be scheduled. Work status is he is temporarily partially disabled. Previous treatment includes medication, epidural injection and acupuncture. The requested treatment is pre-op medical clearance CMP, pre-op medical clearance INR, pre-op medical clearance U/A, pre-op medical clearance chest x-ray, pre-op and post-op office visit, associated surgical service: inpatient hospital stay (unspecified), post-op Percocet 5/325 mg #60, post-op Oxycontin 10 mg #60, post-op Soma 350 mg #60, and post-op Colace 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance, CMP: 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 lab testing, general.

Decision rationale: The ODG guidelines note that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Documentation does not provide information as to why medical clearance in addition to the surgeon's exam is necessary or what is the reason for the CMP. The requested treatment: Pre-op medical clearance, CMP is NOT medically necessary and appropriate.

Pre-op medical clearance, INR: 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 lab testing, preoperative testing, general.

Decision rationale: The ODG guidelines note that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Documentation does not provide information as to why medical clearance in addition to the surgeon's exam is necessary or what is the reason for the INR. The guidelines note that coagulation studies are reserved for patients with a history of bleeding or who have medical conditions that would predispose them to bleeding. The requested treatment: Pre-op medical clearance, INR is NOT medically necessary and appropriate.

Pre-op medical clearance U/A: 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 Physical therapy chapter-Preoperative lab testing.

Decision rationale: The ODG guidelines note that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Documentation does not provide information as to why medical clearance in addition to the surgeon's exam is necessary or what is the reason for the UA. The ODG guidelines recommend a UA if the patient is undergoing a urologic procedure, which is not the case. The requested treatment: Pre-op medical clearance, UA is NOT medically necessary and appropriate.

Pre-op medical clearance 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 testing, general.

Decision rationale: The ODG guidelines note that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Documentation does not provide information as to why medical clearance in addition to the surgeon's exam is necessary or what is the reason for the chest x-ray. The ODG guidelines recommend chest radiography for patients who are risk for postoperative pulmonary complications. Documentation does not show this. The requested treatment: Pre-op medical clearance, chest x-ray is NOT medically necessary and appropriate.

Pre-op & post-op office visit: 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) Physical therapy chapter-office visits.

Decision rationale: The ODG guidelines recommend office visits as medically determined. They note that the visit is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The requested treatment: Pre-op & post-op office visit is medically necessary and appropriate.

Associated surgical service: Inpatient hospital stay (unspecified): 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-hospital length of stay.

Decision rationale: The ODG guidelines recommend a median length of stay (LOS) based on the type of surgery. They also recommend a best practice target (LOS) for cases with no complications. This request is unspecified. The requested treatment: Associated surgical service: Inpatient hospital stay (unspecified) is NOT medically necessary and appropriate.

Post-op Percocet 5/325mg #60: 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 Opiods-On-going management Page(s): 78, 82.

Decision rationale: The California MTUS guidelines do not recommend opiods as first line treatment for neuropathic pain. Oxy- contin had already been approved according to the documentation. The guidelines recommend the lowest possible dose be prescribed to improve pain and function. The requested treatment: Post-op Percocet 5/325mg #60 is NOT medically necessary and appropriate.

Post-op Oxycontin 10mg #60: Overturned

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 opiods Page(s): 77-78.

Decision rationale: The California MTUS guidelines do not recommend opiods as first line treatment for neuropathic pain. Oxy- contin had already been approved according to the documentation. The guidelines recommend the lowest possible dose be prescribed to improve pain and function. The guidelines also recommend only change one drug at a time. The requested treatment: Post-op Oxycontin 10 mg#60 is medically necessary and appropriate.

Post-op Soma 350mg #60: 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 Carisoprodol Page(s): 29.

Decision rationale: The California MTUS guidelines do not recommend Carisoprodol. They note that it has been used to augment the effects of Hydrocodone and can lead to an intoxicated state with subdued level of consciousness, decreased cognitive function and abnormalities of gait vestibular and motor function. The requested treatment: Post-op Soma 350mg #60 is NOT medically necessary and appropriate.

Post-op Colace 100mg #60: 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) Medications chapter-opiod-induced constipation treatment.

Decision rationale: The ODG guidelines recommend the patient should use first-line steps to avoid constipation while taking opiods, e.g. increasing physical activity, maintaining proper hydration, drinking enough water. The patient should follow a proper diet rich in fiber. Documentation does not show these admonitions. The requested treatment: Post-op Colace 100mg #60 is NOT medically necessary and appropriate.