

Case Number:	CM15-0126767		
Date Assigned:	07/13/2015	Date of Injury:	10/26/2011
Decision Date:	08/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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 31 year old male, who sustained an industrial injury on 10/26/11. The injured worker was diagnosed as having right L5-S1 herniated nucleus pulposus with radiculopathy. Treatment to date has included physical therapy, epidural injections, and medication. Currently, the injured worker complains of low back pain with right leg radicular pain. The treating physician requested authorization for associated surgical services including preoperative clearance with internal medicine, preoperative labs (PT/PTT, CBC, CMP, and urinalysis), a chest x-ray, and an electrocardiogram. The treatment plan included a right L5-S1 microlumbar discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Preoperative Clearance with Internal Medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.guideline.gov/content.aspx?id=48408>; Perioperative Protocol.

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 preoperative testing and investigation when the clinical history and physical exam suggest information my effective estimation of operative risk. The guidelines note assessment of comorbidities and findings may help operative management. The documentation does not contain evidence to support preoperative clearance. The requested treatment: Associated Surgical Service: Preoperative Clearance with Internal Medicine is NOT medically necessary and appropriate.

Associated Surgical Service: Preoperative Prothombin Time/Partial Thromboplastin Time:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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.

Decision rationale: The ODG guidelines recommend preoperative assessment of coagulation factors if there is a history of coagulopathy. The guidelines recommend assessment if the patient is taking medications which may affect coagulation or the patient is going to undergo a procedure with high risk for hemorrhage. Documentation does not provide evidence this is the case. The requested treatment: Associated Surgical Service: Preoperative Prothombin Time/Partial Thromboplastin Time is NOT medically necessary and appropriate.

Associated Surgical Service: Preoperative Complete Blood Count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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.

Decision rationale: The ODG guidelines recommend preoperative assessment of the blood count if there is a history of anemia. The guidelines recommend assessment if the patient is going to undergo a procedure with high risk for hemorrhage. The guidelines recommend ordering lab testing based on the patient's clinical history and exam. Documentation does not provide evidence obtaining the complete blood count is necessary. The requested treatment: Associated Surgical Service: Preoperative Complete Blood Count is NOT medically necessary and appropriate.

Associated Surgical Service: Preoperative Complete Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 recommend ordering lab testing based on the patient's clinical history and exam. The guidelines recommend assessment if the patient has comorbidities or is taking medications which may affect post operative decision making. Documentation does not provide evidence this is the case. The requested treatment: Associated Surgical Service: Preoperative Complete Metabolic Panel is NOT medically necessary and appropriate.

Associated Surgical Service: Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 do recommend a urinalysis if the patient is going to undergo a urological procedure. Documentation shows this is not the case. The requested treatment: Associated Surgical Service: Urinalysis is NOT medically necessary and appropriate.

Associated Surgical Service: 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, Low Back.

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 do recommend preoperative chest radiography if the patient has a risk of postoperative pulmonary complications. Documentation does not show this evidence. The guidelines recommend a chest x-ray if the patient has a clinical history identifying an increased risk of post operative management problems. Documentation does not support this likelihood. The requested treatment: Associated Surgical Service: Chest X-Ray is NOT medically necessary and appropriate.

Associated Surgical Service: Electrocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 electrocardiography.

Decision rationale: The ODG guidelines do recommend preoperative EKG if the patient is going to undergo a high risk procedure. Documentation does not show this. The guidelines also recommend a preoperative EKG if the patient has risk factors and is going to undergo an intermediate risk procedure. Documentation does not provide evidence this is the case. The requested treatment: Associated Surgical Service: Electrocardiography is NOT medically necessary and appropriate.