

Case Number:	CM15-0170597		
Date Assigned:	09/11/2015	Date of Injury:	02/01/2014
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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, Montana

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:

This injured worker is a 39 year old female who reported an industrial injury on 2-1-2014. Her diagnoses, and or impression, were noted to include: lumbar stenosis with herniated nucleus pulposus, right leg radiculopathy; bilateral radiculitis; radiculopathy; and lumbar radiculopathy, sciatica, cauda equina syndrome, and spinal epidural abscess from the 5-26-2015 Emergency Room (ER) visit. Recent magnetic imaging studies of the lumbar spine were done on 7-17-2015, noting abnormal findings; and X-rays were noted taken when in the ER. Her treatments were noted to include: physical therapy; lumbar epidural steroid injection therapy (3-20-15); medication management; and modified work duties before being placed on rest from work. The primary physician's progress notes of 7-24-2015 reported a re-evaluation for severe pain that radiated from her back towards the right buttock area, and down the right leg, which was aggravated by activity, and for which she was contemplating going to the ER for on a regular basis. Objective findings were noted to include: notation of severe pain; positive right straight leg raise; decreased strength in the right anterior tibialis extensor hallucis longus, extensor digitorum communis; numbness in the dorsolateral part of her right calf and foot - consistent with lumbar 5 dermatome; the review of findings from the new lumbar magnetic resonance imaging studies showing all abnormal findings; and the recommendation for lumbar surgery to avoid permanent neurological deficit, and to return to full employment. The physician's requests for treatments were noted to include lumbar micro-discectomy at lumbar 4-5, with laminotomies and decompression under high powered microscopy. The Request for Authorization, dated 8-14-2015, also included pre-surgical medical clearances and testing. The Utilization Review of 8-28-2015 modified the requests for pre-surgical clearance and pre-surgical laboratories, chest X-ray, electrocardiogram, urinalysis, and meth-resistant staff aureus (MRSA) screen, to a urinalysis and MRSA screen only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-surgical medical clearance: 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 chapter – pre-operative testing, General.

Decision rationale: The ODG guidelines indicate that preoperative investigations can be helpful in directing anesthetic choices and guiding postoperative management. They should be guided by the clinical history, comorbidities and physical examination. Documentation indicate this 39 year old female had not unusual findings to mandate a pre-surgical medical clearance. The requested Treatment: Pre-surgical medical clearance is not medically necessary and appropriate.

Associated surgical services: Labs: 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 chapter - preoperative lab testing.

Decision rationale: The ODG guidelines recommend preoperative testing should generally be done to confirm a clinical impression. They note the testing should affect the course of treatment. Documentation does not provide indications as to why the labs are needed for the patient's operation. The requested treatment: Associated surgical services: Labs is not medically necessary and appropriate.

Associated surgical services: 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) Low back chapter - preoperative testing general.

Decision rationale: The ODG guidelines indicate that chest radiography is indicated for those patients who are at risk for postoperative pulmonary complications. Documentation does not contain evidence this is the case. The requested treatment: Associated surgical services; Chest X-ray is not medically necessary and appropriate.

Associated surgical services: EKG: 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 Chapter- Preoperative electrocardiogram.

Decision rationale: The ODG guidelines do recommend preoperative electrocardiograms for patients undergoing high risk surgery and for those undergoing intermediate risk surgery who have additional risk factors. This is not the case for this patient. The requested Treatment: Associated surgical services: EKG is not medically necessary and appropriate.