MAXIMUS Federal Services

Case Number:	CM15-0175263		
Date Assigned:	09/16/2015	Date of Injury:	05/20/2007
Decision Date:	11/18/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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, California
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 was a 47 year old female, who sustained an industrial injury, May 20, 2007. According to progress note of the ultrasound preformed on August 3, 2015, the ultrasound was used as evidence injectate to be in the pump lumen; place 20cc of the same solution utilizing real-time ultrasonic imaging during the fill port and no evidence of extravasation of the injectate exterior to the fill port. There was no evidence of extravasation exterior to the fill port was documented and the film was taken. The injured worker was undergoing treatment for neck pain and back pain, cervical disc degenerative, mid cervical region; degeneration cervical disc, failed back with intractable pain, intervertebral disc degeneration of the lumbar region, degenerative lumbar disc, displacement lumbar disc without myelopathy, cervicalgia, displacement of cervical disk without myelopathy, insomnia and constipation. The injured worker previously received the following treatments intrathecal pump, Norco and Soma. The RFA (request for authorization) dated August 23, 2015; the following treatments were requested replacement of intrathecal pump, possible catheter replacement hardware and consultation with [redacted], preoperative labs, chest x-ray, nasal PCR test for MRSA. The UR (utilization review board) denied certification on August 24, 2015, for the replacement of the intrathecal pump was not medical necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replace Intrathecal Pump, Possible Catheter Replacement Hardware: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4227625 - Current perspectives on intrathecal drug delivery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter-Implantable drug-delivery systems (IDDSs).

Decision rationale: The ODG guidelines note that the patient with a pain pump infusion system should be monitored in an adequately equipped facility. Documentation shows this is the case. The infusion pump was implanted on 04/03/2009 and its ERI (expected replacement indicator) of four months occurred around August which allowed time for the provider to seek authorization for the replacement. The Guidelines recommend the FDA's requirement that the manufacturer's manual be consulted for specific instructions. The representative of Medtronic who provided the Synchro-Med II B noted the life of the unit depended on the flow rate among other things which would make change out at 6-7 years reasonable. The provider quite properly warned of the consequences of EOS (end of service) of the unit if it was not replaced. Documentation shows the requested treatment: Replace Intrathecal Pump, Possible Catheter Replacement Hardware is medically necessary and appropriate.

Consultation with Secondary Physician: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal Fusion Chapter-Surgical assistant.

Decision rationale: The ODG guidelines do recommend a surgical assistant if the operation is sufficiently complex to require his presence. In that the catheters from the pump enter the thecal space, the consultation and presence of a competent assistant is essential. The requested treatment: Consultation with Secondary Physician is medically necessary and appropriate

Pre-Operative Labs: 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, Online Version, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative lab testing.

Decision rationale: The ODG guidelines note Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Documentation does not indicate what tests are mandatory. The requested treatment: Pre-Operative Labs is not medically necessary and appropriate.

Pre-Operative 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, Online Version, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter-Preoperative testing, general.

Decision rationale: The ODG guidelines note chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Documentation gives no evidence of such possible pulmonary complications. The requested treatment: Pre-Operative Chest X-Ray is not medically necessary and appropriate.

Pre-Operative EKG: 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, Online Version, Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter-Preoperative electrocardiogram (ECG).

Decision rationale: The ODG guidelines do recommend Pre-Operative EKG for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Documentation does not provide evidence patient is at risk for a cardiac event. The requested treatment: Pre-Operative EKG is not medically necessary and appropriate.

Pre-Operative Nasal PCR Test for MRSA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/23307666 - Methicillin-resistant Staphylococcus aureus (MRSA): colonisation and pre-operative screening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease chapter-Methicillin-resistant staphylococcus aureus (MRSA).

Decision rationale: The ODG guidelines do recommend screening for risk factors, and universal MRSA decolonization in the ICU. It is likely the patient will be monitored in the ICU postoperatively. The requested treatment: Pre-Operative Nasal PCR Test for MRSA is medically necessary and appropriate.