

Case Number:	CM15-0177134		
Date Assigned:	10/13/2015	Date of Injury:	09/13/2012
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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 56 year old female, who sustained an industrial injury on 9-13-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar pseudoarthrosis, low back pain, and lumbago. On 8-12-2015, the injured worker reported no improvement in her symptoms. On 5-21-2015, the injured worker was noted to report constant severe lumbar spine pain with pain that radiated down both legs and numbness over both feet. The Primary Treating Physician's report dated 8-12-2015, noted the physical examination showed the lumbar spine with tenderness to palpation over the paraspinal musculature, normal lordosis, and limited flexion. Sensation was noted to be intact in all dermatomes with negative straight leg raise. A lumbar spine CT scan was noted to show L5-S1 fusion without bony bridge at the fusion site. The Physician noted that since the fusion did not develop a bony bridge, he was requesting a revision fusion via an anterior approach as an L5-S1 pseudoarthrosis revision fusion. Prior treatments have included lumbar fusion 7-17-2014, physical therapy, "anti-inflammatories", Ultram, Percocet, Tylenol #3, Motrin, acupuncture, massage, psychotherapy, and group therapy. The request for authorization dated 8-20-2015, requested a L5-S1 fusion revision, a 3 day hospital stay, pre-operative CBC, pre-operative CXR, pre-operative Chemistry panel, pre-operative partial thromboplastin time (PTT), pre-operative international normalized ratio (INR), pre-operative EKG, pre-operative urinalysis (UA), and pre-operative history and physical (H&P). The Utilization Review (UR) dated 9-1-2015, authorized the requests for a L5-S1 fusion revision, a 3 day hospital stay, and pre-operative CBC, conditionally non-certified the requests for pre-operative CXR, pre-operative Chemistry panel,

pre-operative partial thromboplastin time (PTT), pre-operative international normalized ratio (INR), pre-operative EKG, and pre-operative urinalysis (UA), and denied the request for a pre-operative history and physical (H&P).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance: History & Physical (H&P): 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 ODG: Section: Low back, Topic: Preoperative testing, general.

Decision rationale: The injured worker underwent an L5-S1 posterior spinal fusion with instrumentation on 7/17/2014. A CT scan of the lumbar spine has revealed solid fixation with no evidence of loosening of the construct. However, the radiologist did not comment on the degree of healing of the fusion and also did not mention a pseudoarthrosis. The provider stated that there is no bony bridge across the fusion and therefore he thinks there is a pseudoarthrosis for which an anterior interbody fusion at the same level is advised. Surgery has been certified by utilization review. The disputed request pertains to a preoperative history and physical. Utilization review noncertified the request as the injured worker had undergone a preoperative history and physical for the previous fusion and her medical status had not changed since that time. Documentation indicates that the physician reviewer asked for additional information from the provider but did not get a response. The questions from the physician reviewer included submission of a missing page from the narrative including the indications for the proposed surgical procedure if not addressed in the missing page. Additionally, there was a question about the medical necessity for another medical clearance when the patient's medical condition did not change since the previous surgery. The third question pertained to the indication for a repeat chest x-ray EKG and labs other than CBC based on ODG low back Chapter. The documentation indicates that no response was received. ODG guidelines recommend a thorough history and physical performed by the provider with additional testing depending upon the findings. Office visits to the medical offices of physicians are encouraged; however, there should be a reason for the consultation. The injured worker has had no change in her medical status since the previous surgery and no medical complications have been reported. A review of the medical records indicates that she is relatively healthy. As such, a history and physical performed by the provider as a part of the global surgery fee is supported and the request for another history and physical is not medically necessary and has not been substantiated.