MAXIMUS Federal Services

Case Number:	CM15-0020468		
Date Assigned:	02/17/2015	Date of Injury:	04/10/2014
Decision Date:	04/09/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 55-year-old female, who sustained an industrial injury on April 10, 2014, picking up boxes. The diagnoses have included left L4-L5 and L5-S1 disk herniation with radiculopathy. Treatment to date has included a left L4-L5 and L5-S1 microdiskectomy on August 8, 2014. Currently, the injured worker complains of being lightheaded with low abdominal pain, constipation, and increased back pain. The Medical Center report dated August 9, 2014, to August 10, 2014, noted the injured worker came in three days status post L5/S1 discectomy, with constipation, low abdominal pain, and increased low back pain. The injured worker was diagnosed with constipation, treated and released. On January 20, 2015, Utilization Review non-certified medical surgical supplies #2 (DOS 8/9/2014), Pharmacy (DOS 8/10/2014), Sedimentation rate (DOS 8/9/2014), CRP Quant (DOS 8/9/2014), culture(bacterial) (DOS 8/9/2014), chest single VW (DOS 8/10/2014), injection T/P/D IVP (DOS 8/9/2014), injection add seq. IVP (DOS 8/9/2014), ER visit LVL IV (DOS 8/9/2014), Morphine 10mg IJ (DOS 8/9/2014), and Ondansetron 1mg IJ (DOS 8/10/2014). The injured worker was noted to have gone to the Emergency Room (ER) for abdominal pain, and a fecal disimpaction was performed. The UR Physician modified the request for medical surgical supplies times two to approve times one as necessary supplies that were sufficient for the injured worker's care. The remaining requests were noted to be not medically necessary or appropriate based on the injured worker's clinical presentation at the ER. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of medical surgical supplies #2 (DOS 8/9/2014), Pharmacy (DOS 8/10/2014), Sedimentation rate

(DOS 8/9/2014), CRP Quant (DOS 8/9/2014), culture(bacterial) (DOS 8/9/2014), chest single view (DOS 8/10/2014), injection T/P/D IVP (DOS 8/9/2014), injection add seq. IVP (DOS 8/9/2014), ER visit LVL IV (DOS 8/9/2014), Morphine 10mg IJ (DOS 8/9/2014), and Ondansetron 1mg IJ (DOS 8/10/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Med sur supplies #2 DOS 8/9/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6.

Decision rationale: The MTUS or ODG do not specifically address the number of supplies post-operatively, they do address general issues. In this case, the patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain. The wound was inspected requiring removal of the dressing. The UR modified the request for Med Sur supplies #1 which is reasonable to redress the wound. As such, the request for Med surg supplies #2 DOS 8/9/14 is not medically necessary.

Pharmacy (DOS 8/10/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6.

Decision rationale: The MTUS or ODG do not specifically address the number of supplies post-operatively, they do address general issues. The patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain. The patient was found to be constipated and requiring manual disimpaction. The patient should have been discharged with pain medications and bowel regimen. As such, the request for Pharmacy (DOS 8/10/14) is not medically necessary.

Sedimentation rate (DOS 8/9/14): 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) Infectious diseases, Diagnostic testing.

Decision rationale: The MTUS is silent of infectious work up. The ODG states that, "Diagnostic Testing, Testing required will depend on the information provided from the history and physical. Greater detail is provided in the specific disease states listed below. There are several standard types of diagnostic tests depending on the type of organism suspected. Bacterial infections: Determining the bacteria and the specific antibiotic to be used in treatment is typically achieved through antimicrobial susceptibility testing (AST). Typical lab tests to determine infecting organism include the following: gram stain; culture; immunodiagnostic tests; & disk diffusion to determine bacteria susceptibility. (Leekha, 2011) (Jenkins, 2012) (Tenover, 2010)"The patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain. The wound was inspected and appeared within normal limits. The patient was afebrile and had a normal WBC count (12.3). The treating physician stated, "no clinical suspicion of infection present, 2 SIRS criteria no present." No further work up necessary. As such, the request for Sedimentation rate (DOS 8/9/14) is not medically necessary.

CRP Quant (DOS 8/9/14): 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) Infectious diseases, Diagnostic testing.

Decision rationale: The MTUS is silent of infectious work up. The ODG states that,"Diagnostic Testing, Testing required will depend on the information provided from the history and physical. Greater detail is provided in the specific disease states listed below. There are several standard types of diagnostic tests depending on the type of organism suspected. Bacterial infections: Determining the bacteria and the specific antibiotic to be used in treatment is typically achieved through antimicrobial susceptibility testing (AST). Typical lab tests to determine infecting organism include the following: gram stain; culture; immunodiagnostic tests; & disk diffusion to determine bacteria susceptibility. (Leekha, 2011) (Jenkins, 2012) (Tenover, 2010) "The patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain. The wound was inspected and appeared within normal limits. The patient was afebrile and had a normal WBC count (12.3). The treating physician stated, "no clinical suspicion of infection present, 2 SIRS criteria no present." No further work up necessary. As such, the request for CRP Quant (DOS 8/9/14) is not medically necessary.

Culture (bacterial) DOS 8/9/14: 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) Infectious diseases, Diagnostic testing.

Decision rationale: The MTUS is silent of infectious work up. The ODG states that,"Diagnostic Testing, Testing required will depend on the information provided from the history and physical. Greater detail is provided in the specific disease states listed below. There are several standard types of diagnostic tests depending on the type of organism suspected. Bacterial infections: Determining the bacteria and the specific antibiotic to be used in treatment is typically achieved through antimicrobial susceptibility testing (AST). Typical lab tests to determine infecting organism include the following: gram stain; culture; immunodiagnostic tests; & disk diffusion to determine bacteria susceptibility. (Leekha, 2011) (Jenkins, 2012) (Tenover, 2010)"The patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain. The wound was inspected and appeared within normal limits. The patient was afebrile and had a normal WBC count (12.3). The treating physician stated, "no clinical suspicion of infection present, 2 SIRS criteria no present." No further work up necessary. As such, the request for Culture (bacterial) DOS 8/9/14 is not medically necessary.

Chest single VW (DOS 8/10/14): 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) Infectious Diseases, Imaging.

Decision rationale: The ODG states that imaging is, "Recommended in diagnosis of cellulitis skin & soft tissue infections, where imaging studies may be helpful to rule out necrotizing soft tissue infection or abscess. See Skin & soft tissue infections: cellulitis. Recommend chest radiograph to confirm a diagnosis of community acquired pneumonia (CAP), looking for an infiltrate. See Lower respiratory infections: pneumonia (CAP)."The patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain. The patient was afebrile and had a normal WBC coun (12.3). The patient was found to be constipated and manually disimpacted. The patient did not have any respiratory complaints and her physical exam of her heart and lungs were within normal limits (99% on room air). The treating physician stated, "no clinical suspicion of infection present, 2 SIRS criteria no present." No further work up necessary. As such, the request for Chest single VW (DOS 8/9/14) is not medically necessary.

Inj. T/P/D IVP (DOS 8/9/14): 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) Infectious disease, Office visits.

Decision rationale: ODG states that office visits are, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible."In this case, the patient had normal vital signs and could tolerate oral medications. There is no medical reason for any intravenous medications via push. As such, the request for Inj. T/P/D IVP (DOS 8/10/14) is not medically necessary.

Inj. add seq. IVP (DOS 8/9/14): 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) Infectious diseases, Office visits.

Decision rationale: ODG states that office visits are, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible."In this case, the patient had normal vital signs and could tolerate oral medications. There is no medical reason for any intravenous medications via push. As such, the request for Inj. Add seq IVP (DOS 8/9/14) is not medically necessary.

ER visit LVL IV (DOS 8/9/14): 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) Infectious disease, Office visits.

Decision rationale: ODG states that office visits are, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible."The patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain and constipation. This patient's condition did not necessitate an emergency room visit, the patient could have been seen as an outpatient by her surgeon or primary care provider.

Morphine 10mg IJ (DOS 8/9/14): 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." Per the medical records, the patient was having diffuse abdominal pain and constipation which is a known side effect of morphine.The patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain. The patient was a febrile and had a normal WBC count. The patient was found to be constipated and manually disimpacted. This medical may have worsened her symptoms of constipation and is therefore not medically necessary.

Ondansetron 1mg IJ (DOS 8/10/14): 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 Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

Decision rationale: Ondansteron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use." Additionally, "This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. The patient had nausea and vomiting from fecal impaction. The patient was discharged from the hospital one day prior s/p left L4-5 and left L5-S1 discectomy without neurological symptoms presenting to the emergency room with complaints of abdominal pain. The patient was afebrile and had a normal WBC count. The patient was found to be constipated and manually dis-impacted. Once the disimpaction occurred, her symptoms of nausea and vomiting would have improved and she would no longer require an anti-emetic. As such, the request for Ondasetron 1mg IJ (DOS 8/10/14) is not medically necessary.