

Case Number:	CM15-0061591		
Date Assigned:	04/17/2015	Date of Injury:	03/05/2012
Decision Date:	05/18/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

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 44-year-old male who sustained an industrial injury on 03/05/2012. The injured worker was diagnosed with lumbar disc disease with myelopathy, lumbar spinal stenosis with neurogenic claudication and postlaminectomy kyphosis. The injured worker underwent a microdiscectomy on March 20, 2014. Treatment to date has included conservative measures, diagnostic testing, surgery, psychological evaluations, physical therapy and medications. According to the Agreed Medical Examiner's Supplemental report on January 15, 2014, the injured worker presented with low back pain radiating down his left leg, posterior thigh and calf with numbness on the outside of his small toe. Current medications were not noted. Treatment plan consists of the approved surgery for a L4-5 laminectomy revision and the current request for multiple preoperative testing and postoperative wound checks by a registered nurse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 note that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. The documentation does not furnish special information as to why pre-operative clearance should be beyond the ordinary but it may be part of the operating room protocol for such clearance to be obtained. The guidelines indicate investigation should be helpful to stratify risk, direct anesthetic choices and post-operative management. Therefore, the request is medically necessary and appropriate.

Pre-Operative Lab: CMP: Overturned

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: Since the requested pre-operative clearance is medically necessary and appropriate, then the requested pre-operative lab is medically necessary and appropriate.

Pre-Operative Lab: PT, PTT: 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: Since the requested pre-operative clearance is medically necessary and appropriate, then the requested pre-operative lab is medically necessary and appropriate.

Pre-Operative Lab: CBC: Overturned

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: Since the requested pre-operative clearance is medically necessary and appropriate, then the requested pre-operative lab is medically necessary and appropriate.

Pre-Operative UA: Overturned

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: Since the requested pre-operative clearance is medically necessary and appropriate, then the requested pre-operative lab is medically necessary and appropriate.

Pre-Operative EKG: Overturned

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: Since the requested pre-operative clearance is medically necessary and appropriate, then the requested pre-operative EKG is medically necessary and appropriate.

Pre-Operative Chest X-Ray: Overturned

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: Since the requested pre-operative clearance is medically necessary and appropriate, then the requested pre-operative chest x-ray is medically necessary and appropriate.

RN Evaluation for Wound Check: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-Home Health services.

Decision rationale: The ODG guidelines do recommend home health services for those patients who are home bound. The patient would have left the hospital with a secure wound. The patient would not ordinarily be home bound following the operation. The medical services of a nurse to check the wound would not ordinarily be needed unless there were complications, which the patient should discuss with the physician. Therefore, the request is not medically necessary and appropriate.