

Case Number:	CM15-0074031		
Date Assigned:	04/24/2015	Date of Injury:	06/30/2009
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male patient who sustained an industrial injury on 06/30/2009. A primary treating office visit dated 09/25/2014 reported chief complaint of low back pain. The patient is noted utilizing the spinal cord stimulator. Current medications this visit showed Butrans, Nucynta ER, Mobic, and Trazodone prescribed. The assessment showed no changes from the visit dated 03/13/2015. The plan of care involved: the patient undergoing a trial with the existing implant, consider lead changes, and follow up in 2 months' time. A primary treating office visit dated 03/13/2015 reported chief complaint of low back pain. The patient is with a history of lumbar degenerative disc disease, status post L4-S1 posterolateral lumbar decompression with fusion, instrumentation in 2010. Diagnostic imaging performed in 2013 showed evidence of stenosis at L3-4. Additional diagnostic testing involved: computerized tomography myelogram, and radiography. Treatment modalities to include, epidural steroid injections, neurostimulator implant (SCS), surgical intervention, and oral analgesia. The patient is with subjective complaint of increased low back pain with radicular bilateral lower extremity pains. He states that he is able to function - participating in activities of daily living, home exercises, and notes increased mobility while taking pain medications. Current medications are: Norco 10/325mg, Gralise, Butrans, Naproxen and Trazodone. The assessment and plan of care noted; status post SCS implant; degenerative lumbar lumbosacral intervertebral disc; back pain; lumbar, with radiculopathy, and spinal stenosis lumbar region without neurogenic claudication. A refilled prescription for Norco was given this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS: PT, PTT, INR, and BUN/Creatinine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In this case, the requested labs appear to be in preparation for the possibility of operative intervention, however, without imaging results and clear indication for surgery, the preoperative work-up is not clinically necessary at this time. Should operative management be the appropriate decision, supported by exam findings and imaging studies, the requested labs would be an appropriate request in preparation for surgery. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, the requested labs are not medically necessary.