

Case Number:	CM15-0077205		
Date Assigned:	04/28/2015	Date of Injury:	03/21/2006
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/22/2015

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 54 year old male, who sustained an industrial injury on 3/21/06. The injured worker has complaints of low back pain, lower extremity radiculopathy. The diagnoses have included intractable low back pain; lumbar disc degeneration; lumbar disc displacement and lumbar radiculopathy. Treatment to date has included opioid medications; status post lumbar spine surgery; L4-5-S1 (sacroiliac) fusion in 2009 and revised L5-S11 laminotomy in 2011 and urine drug toxicology was inconsistent without hydrocodone on 8/6/14. The request was for pre-operative electrocardiogram; chest X-ray; labs and pre-operative methicillin-resistant staphylococcus aureus (MRSA) swab.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op 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 (ODG), Low Back Chapter.

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.

Decision rationale: The ODG guidelines do recommend a preoperative electrocardiogram if the patient is undergoing a high risk surgery. Spinal cord stimulation would not be characterized as high risk. The guidelines also recommend a pre-operative electrocardiogram if the patient has additional risk factors. Documentation does not disclose additional risk factors. The requested treatment: Pre-op EKG is not medically necessary and appropriate.

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 (ODG), Low Back Chapter.

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, general.

Decision rationale: The ODG guidelines recommend preoperative testing if the investigation can be helpful in directing anesthetic choices and guide postoperative management. Documentation is not provided to explain how this chest x-ray is required. The guidelines note that the preoperative chest x-ray is reasonable if there is a danger of postoperative complications. Documentation does not contain evidence of such danger. The requested treatment: Chest X-ray is not medically necessary and appropriate.

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 (ODG), Low Back Chapter.

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, lab testing.

Decision rationale: The ODG guidelines recommend preoperative testing if the investigation can be helpful in directing anesthetic choices and guide postoperative management. The guidelines note the testing should be guided by the patient's clinical history, comorbidities and physical examination. Documentation does not provide a rationale as to what labs are needed to provide benefit. The requested treatment: Labs are not Medically necessary and appropriate.

Pre-op MRSA swab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The ODG guidelines recommend preoperative testing if the investigation can be helpful in directing anesthetic choices and guide postoperative management. The guidelines note the testing should be guided by the patient's clinical history, comorbidities and physical examination. Documentation does not provide a rationale as to why a pre-op MRSA swab is appropriate and needed to provide benefit. The requested treatment: Pre-op MRSA swab is not medically necessary and appropriate.