

Case Number:	CM15-0090333		
Date Assigned:	05/15/2015	Date of Injury:	06/26/1984
Decision Date:	06/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male, with a reported date of injury of 06/26/1984. The diagnoses include lumbar intervertebral disc displacement, lumbar postlaminectomy syndrome, sciatica, and low back pain. Treatments to date have included an MRI of the lumbar spine on 03/10/2015 which showed L4-5 central disc herniation with severe central and bilateral neuroforaminal stenosis and an annular bulge at L5-S1 with bilateral foraminal stenosis; oral medications, epidural steroid injections, home exercise program, and an MRI of the lumbar spine on 06/15/2012. The progress report dated 03/31/2015 indicates that the injured worker had lumbar spine symptoms. The objective findings include an obvious right limp, inability to stand on his right heel, tenderness in the lumbosacral area, non-tender sciatic notches and trochanteric regions, decreased lumbar range of motion, ability to bring his fingers to the mid-thigh on forward bending, atrophy of the right calf, diminished light touch sensation in both posterolateral calves, positive straight leg raise test for sciatica on the right and on the left. It was noted that the injured worker had right foot drop, L5 dermatomal sensory loss, and pain in the L5 distribution. The MRI was consistent with L5 root compression at L4-5 and L5-S1. The treating physician recommended lumbar decompression at L4-5 and L5-S1. The treating physician requested an in-house medical clearance and pre-operative lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

In house medical clearance: 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 ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM and MTUS are silent on internal medicine consult for pre-op clearance as it relates to this industrial injury; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear internal medical symptoms as well as no clinical documentation was identified correlating to any internal medicine related diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications to cause any internal organ concerns nor is there any medical conditions needing evaluation prior to planned surgical procedure. The In house medical clearance is not medically necessary and appropriate.

Pre-operative (pre-op) lab work to include CBC, BMP and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative cardiovascular evaluation and care for Noncardiac surgery (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>) Preoperative evaluation from the National Guideline Clearinghouse (http://www.guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab Suggested Monitoring Page(s): 70. Decision based on Non-MTUS Citation ODG, Pain, EKG and Methadone, pages 764-765.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to this chronic musculoskeletal injuries. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. Identifying any coagulation issues or having a baseline Hemoglobin/hematocrit level along with metabolic functions may be medically indicated prior to surgical procedure as in this case; however, submitted reports have not demonstrated any medical condition to warrant such pre-op labs and EKG. Submitted reports have not identified

any symptom complaints, clinical history or comorbidities with undue risks to support for the multiple lab testing and EKG. Review indicates the patient is scheduled for surgery with current requests to include multiple preoperative diagnostics. Submitted reports have not identified any subjective symptoms, clinical findings, diagnosis, or medical risk factors involving cardiopulmonary disorders such as recent upper respiratory infection, chronic obstructive pulmonary diseases, long-term smoking, and cardiocirculatory diseases to support for the routine preoperative tests. The Pre-operative (pre-op) lab work to include CBC, BMP and EKG is not medically necessary and appropriate.