

Case Number:	CM15-0095562		
Date Assigned:	05/22/2015	Date of Injury:	10/09/2013
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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 28 year old male who sustained a work related injury October 9, 2013. According to a primary treating physician's progress report, dated April 8, 2015, the injured worker presented with persistent and unchanged low back pain, described as stabbing, rated 8/10, right side worse than the left. He reports pain radiates down both lower extremities and numbness. There is also weakness making it difficult to walk for longer than 10-15 minutes at a time. Over the course of care, he has been treated with 24 session of chiropractic therapy with temporary relief, 7 sessions of acupuncture relieving cramping in his legs, medications, electrodiagnostic studies December, 2013, and an MRI of the lumbar spine January, 2014. Diagnoses are documented as lumbar disc herniation L4-5 and L5-S1 with neural foraminal narrowing; lumbar radiculopathy. Treatment plan included a microlumbar decompression right L5-S1 and post-operative treatment. At issue, is the request for authorization for pre-operative clearance including; history and physical, chest x-ray, electrocardiogram, urinalysis, and laboratory.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative electrocardiogram.

Decision rationale: ODG guidelines recommend preoperative electrocardiograms for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. The procedure as requested is an intermediate risk surgical procedure. The risk factors include history of ischemic heart disease, compensated or prior heart failure, and cerebrovascular disease, diabetes mellitus or renal insufficiency. The documentation provided does not indicate any of these risk factors. As such, a preoperative electrocardiogram is not supported and the medical necessity of the request has not been substantiated.

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, preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general.

Decision rationale: ODG guidelines indicate that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The documentation provided does not indicate comorbidities that would necessitate a preoperative chest x-ray. As such, the request for a preoperative chest x-ray is not supported and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.

Laboratory (Chemical Panel, CBC, Activated Partial Thromboplastin Time, Prothrombin Time, T&S): 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, preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative lab testing.

Decision rationale: ODG guidelines recommend preoperative lab testing for specific criteria. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients with high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes A1c testing is recommended only if the results would change perioperative management. A complete blood count is indicated for patients with diseases that increased the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The documentation provided does not indicate any of these risk factors. As such, the request for preoperative lab testing is not supported and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.

Urinalysis: 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, preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative lab testing.

Decision rationale: With regard to a preoperative urinalysis, ODG guidelines recommend a urinalysis for patient's undergoing invasive urologic procedures and those undergoing implantation of foreign material. The documentation provided does not indicate any such procedure. As such, the request for a preoperative urinalysis is not supported and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.

Pre op medical clearance including history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general, Office visits.

Decision rationale: ODG guidelines recommend a history and physical to be performed by the clinician to determine comorbidities. If there is evidence of significant comorbidities, office visits to the offices of medical doctors are encouraged for a proper diagnosis. The need for a clinical office visit is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The documentation submitted does not indicate any significant comorbidities for which a medical consultation would be appropriate. As such, the request for a medical consultation for preoperative clearance is not supported in the absence of comorbidities and the medical necessity has not been substantiated. Therefore, the request is not medically necessary.