MAXIMUS Federal Services

Case Number:	CM15-0096793		
Date Assigned:	05/27/2015	Date of Injury:	05/08/2014
Decision Date:	07/01/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/19/2015

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 40 year old male, who sustained an industrial injury on 5/8/14. The diagnoses have included recurrent herniation of the lumbar disc, status post lumbar discectomy, retrolisthesis of the vertebrae, degeneration of the lumbar and lumbosacral intervertebral disc, lumbosacral radiculitis, and synovial cyst of the lumbar facet joint. Treatment to date has included medications, diagnostics, activity modifications, epidural steroid injection (ESI), surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 4/8/15, the injured worker complains of 80 percent right leg pain versus 20 percent low back pain. He states that he is looking for a definitive long term fix. The injured worker complains of persistent radicular right leg symptoms with associated axial low back pain. The current medications included Ibuprofen. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/25/15 reveals lumbar desiccation, disc space narrowing, and retrolisthesis with evidence of prior right sided laminectomy and bilateral facet joint effusions with no evidence of recurrent herniation or infection. There is disc protrusion with epidural fibrosis impinging upon the right nerve root and moderate right foraminal narrowing from loss of disc space and foraminal height. He was advised of the treatment options and he opted to undergo L5-S1 anterior interbody fusion with instrumentation. He was also seen for a second surgical opinion and he recommended revision microdiscectomy or anterior lumbar interbody fusion. The physician noted that the most recent Magnetic Resonance Imaging (MRI) did not demonstrate recurrent or persistent/ residual herniation. Instead there is evidence of progressive L5-S1 disc space collapse and retrolisthesis

with foraminal narrowing and accordingly the injured worker is a candidate for revision surgery. The physician noted that based on the evidence of bilateral L5-S1 facet joint effusions, he has elected to proceed with L5-S1 anterior lumbar interbody fusion with instrumentation. The physician requested treatments included preoperative history and physical and unspecified labs and Electrocardiogram (EKG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative history and physical and unspecified labs and EKG: 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 Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative electrocardiogram (ECG).

Decision rationale: The patient presents with 80% right leg pain and 20% low back pain. The request is for Preoperative History And Physical And Unspecified Labs And EKG. The request for authorization is not provided. The patient is status-post right L5-S1 laminotomy and decompression, 09/17/14. MRI of the lumbar spine, 03/25/15, shows 5mm right paramedian disc protrusion with epidural fibrosis at L5-S1 impinging upon the right S1 nerve root. Moderate right foraminal narrowing. The patient underwent 2 right S1 transforminal epidural injections. Patient's medication include Ibuprofen. Per progress report dated 04/08/15, the patient is on modified duty. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative electrocardiogram (ECG) states: "Recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Criteria for Preoperative electrocardiogram (ECG): Intermediate Risk Surgical Procedures:These are defined as procedures with intermediate risk (with reported cardiac risk generally 1-5%), and they include: Intraperitoneal and intrathoracic surgery; Carotid endarterectomy; Head and neck surgery; & Orthopedic surgery, not including endoscopic procedures or ambulatory surgery. Preoperative ECG is recommended for patients with known CHD, peripheral arterial disease, or cerebrovascular disease. Preoperative ECG may be reasonable in patients with at least 1 clinical risk factor: History of ischemic heart disease; History of compensated or prior HF; History of cerebrovascular disease, diabetes mellitus, or renal insufficiency. Treater does not discuss this request. Per UR letter dated 04/29/15, the request for L5-S1 anterior fusion with instrumentation was authorized. ODG guidelines recommend preoperative ECG for patients who have additional risk factors. However, review of provided records do not document the patient with known CHD, peripheral arterial disease, or cerebrovascular disease. Furthermore, ODG does not support routine preoperative lab testing. Therefore, the request IS NOT medically necessary.