

<b>Case Number:</b>	CM13-0027799		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 68-year-old female who sustained a low-back injury in a September 1, 2008, work-related accident. The records available for review document failed conservative care. Operative intervention has been recommended in the form of a two-stage lumbar fusion, the first with posterior laminectomy and internal fixation at L3 to L5, followed by an anterior procedure at L3 to L5 for stabilization. This request is for preoperative testing to include an X-ray, electrocardiogram and preoperative laboratory tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OPERATIVE CHEST X-RAY:** Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127 Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, preoperative chest x-ray would be indicated. This is a 68-year-old female who is undergoing an aggressive, two-stage procedure for the lumbar spine. The role of a preoperative chest X-ray would be an appropriate standard of care, given the nature of the claimant's staged surgical process, length of surgery and anesthesia.

**PRE-OPERATIVE ELECTROCARDIOGRAM:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127 Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, preoperative testing with an electrocardiogram would be indicated. This is a 68-year-old female who is undergoing an aggressive, two-stage procedure to the lumbar spine. The role of a preoperative electrocardiogram would be an appropriate standard of care, given the nature of the claimant's staged surgical process, length of surgery and anesthesia. Therefore, the request is medically necessary.

**PRE-OPERATIVE LABORATORY TEST:** 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), Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127 Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, preoperative lab testing would be indicated. This is a 68-year-old female who is undergoing an aggressive, two-stage procedure to the lumbar spine. The role of preoperative laboratory testing would be an appropriate standard of care, given the nature of the claimant's staged surgical process, length of surgery and anesthesia. Therefore, the request is not medically necessary.