

<b>Case Number:</b>	CM13-0034877		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of February 1, 2007. A utilization review determination dated September 30, 2013 recommends non-certification for pre-op medical clearance. The reviewer recommends non-certification since the need for operative intervention in this case has not yet been established. An incomplete progress report dated October 7, 2013 indicates that the requesting physician disagrees with denial letters regarding a request for surgical intervention. A progress report dated May 13, 2013 includes subjective complaints indicating that the patient has undergone 2 spinal procedures. The patient has continued complaints of back pain and pain in the lower extremities. Physical examination identifies painful range of motion with intact sensation and well-healed incisional scars. The treatment plan recommends a CT scan for further workup to determine whether the L5-S1 fusion is successful and to elucidate the condition of the L3-L5 artificial disc replacements. The note states that the requesting physician believes that the disc replacements will probably require removal and replacement with anterior lumbar interbody fusion device. A progress report dated July 22, 2013 indicates that the requesting physician has reviewed the CT scan results, which identify significant ectopic bone formation anterior to the disk space. The requesting physician indicates that he would like to proceed with L3-L5 anterior posterior fusion. The note indicates that he would like a urology consult prior to surgery because the patient has complained of more than several instances of enuresis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OP MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, PAGE 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Preoperative Lab Testing and ECG.

**Decision rationale:** Regarding the request for pre-op medical clearance the ODG states that the preoperative urinalysis is recommended for patients undergoing invasive urological procedures and those undergoing implantation of foreign material; preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; preoperative random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; preoperative A1 C testing is recommended for patients with diagnosed diabetes when the result would change perioperative management; preoperative blood count is recommended for patients with diseases that increase the risk of anemia or patient in whom significant perioperative blood loss is anticipated; preoperative coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding for those taking anticoagulants. Based upon the review of the medical records provided, the requesting physician has not clarified exactly what type of preoperative medical clearance he is suspecting his patient needs. Additionally, there is no medical justification for the preoperative testing, which is being requested. In the absence of such documentation, the currently requested pre-op medical clearance is not medically necessary and appropriate.