

<b>Case Number:</b>	CM13-0046257		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 47-year-old female who reported an injury on 01/24/2003. The mechanism of injury is not specifically stated. The patient is currently diagnosed with post-laminectomy syndrome in the lumbar region. The patient was seen by [REDACTED] on 09/26/2013. The patient reported ongoing pain in the lower back. The physical examination revealed decreased deep tendon reflexes in bilateral lower extremities, tenderness to palpation, and decreased range of motion with positive straight leg raising bilaterally. The treatment recommendations included authorization for an intrathecal pump implantation with preoperative lab work including CBC, CMP, PT/PTT, UA, EKG, and chest x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op lab work to include CBC with diff, CMP with diff, PT/PTT, UA and 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, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** The Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography, is often performed prior to surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the patient does not maintain a significant medical history. There is no indication of comorbidities that may require preoperative clearance. The medical necessity has not been established. As such, the request for 1 pre op lab work to include CBC with dif, CMP, PT/PTT, UA and chest x-ray is non-certified.

**Medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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

**Decision rationale:** The Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography, is often performed prior to surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the patient does not maintain a significant medical history. There is no indication of comorbidities that may require preoperative clearance. The medical necessity has not been established. As such, the request for 1 medical clearance is non-certified.