

<b>Case Number:</b>	CM13-0066183		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Internal Medicine and is licensed to practice in Maryland. 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 injured worker is a 54 year old male who sustained an industrial injury on 12/06/07 when he slipped on saw dust at work and fell sustaining three transverse process fractures of his lumbar spine from L1-3. He subsequently started developing urinary urgency, frequency with nocturia 3-4 times with a very weak stream. He had no history of hypertension, diabetes mellitus, heart disease or other significant medical problems according to the Urology evaluation from May 2013. His medications included Wellbutrin. His primary symptoms were back pain and left lower extremity radiculopathy with depression and sexual dysfunction. He had previously been treated with physical therapy and oral Opioids. He was seen by the primary treating physician on 10/21/13. He reportedly had received authorization for surgery. He got nervous and didn't schedule the surgery. His symptoms included left lower extremity radicular pain, weakness, pain in lower back, sexual dysfunction, urologic dysfunction with urinary hesitancy and depression. He was noted to ambulate with a cane. He had positive straight leg raising on the left side as well as weakness on the left that was unchanged. The diagnoses included lumbosacral sprain/strain with radiculopathy left lower extremity, large disc herniation at L5-S1 level compromising the left side of the canal, moderate spinal stenosis L4-L5 and history of sleep disorder and depressed mood. The plan of care included surgical decompression of L4-L5 and L5-S1 with discectomy left side L5-S1. A request was sent for laminotomy, foraminotomy/decompression L4-L5, L5-S1 with left sided L5-S1 discectomy with possible intralaminar stabilization, preoperative clearance, labs, chest x-ray and EKG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OP 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 ELECTROCARDIOGRAM (ECG).

**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 pain, lumbar and thoracic, Preoperative electrocardiogram.

**Decision rationale:** The employee had a history of lumbar disc pain, left lower extremity radiculopathy, depression and sexual dysfunction. The proposed procedure was an intermediate risk surgical procedure. ODG recommends EKG in patients having intermediate risk procedures with known CHF, peripheral arterial disease or cerebrovascular disease. Since there are no documented risk factors, preoperative EKG is not medically necessary or appropriate.