

Case Number:	CM13-0069511		
Date Assigned:	01/03/2014	Date of Injury:	01/10/2005
Decision Date:	05/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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:

This 70-year-old gentleman reportedly suffered a vocational related injury to his lumbar spine on 01/10/05. He has been diagnosed with symptomatic neurogenic claudication related to multilevel lumbar stenosis documented on magnetic resonance imaging scan. He complains of a significant amount of lower extremity complaints, for which it has been recommended that he undergo surgery based on the failure of conservative care. The request was to determine the medical necessity of a chest x-ray as recommended by his treating provider in advance of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE MEDICAL EVALUATION WITH APPROPRIATE DIAGNOSTIC AND LABORATORY TEST INCLUDING CHEST X-RAY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not

specifically address the indications for preoperative testing. Official Disability Guidelines states that preoperative testing is recommended for patient's undergoing high risk for complex surgical procedures. This patient's multilevel lumbar decompression would certainly qualify as such. Although the peer advisor specifically recommended all preoperative testing, excluding the chest x-ray as being reasonably and medically necessary, I would submit that based on the fact that this patient is 70-years of age, that the standard hospital procedure would also recommend a chest x-ray in that setting. Furthermore, this patient's procedure is likely to be done in a prone procedure where the patient would require intubation and could conceivably develop pulmonary issues. Baseline chest x-ray in that setting to help assess the patient's cardiopulmonary function would be considered routine in most hospital environments. Even if the patient has no history of pulmonary pathology, this would typically be recommended. As such, I would submit that the denial of a chest x-ray would not be supported based on generally accepted medical practice and in consideration of the evidence based Official Disability Guidelines. Therefore, it would be this reviewer's recommendation that the chest x-ray be considered reasonable and medically necessary in this setting.