

Case Number:	CM14-0002817		
Date Assigned:	01/29/2014	Date of Injury:	03/08/2010
Decision Date:	08/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in Pulmonary Diseases, 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 injured worker is a 55-year-old with an injury reported on March 8, 2010. The mechanism of injury was a fall. The clinical note dated December 5, 2013 reported that the injured worker complained of neck and low back pain. The physical examination revealed decreased sensation to light touch in the L4 dermatome. The examination of the injured worker's neck revealed tenderness to palpation over the C2-3, C3-4, and C5-6 facet capsules. The injured worker had pain to palpation over the L4-5 and L5-S1 facet capsules bilaterally. The injured worker's prescribed medication list included Nucynta and Norco for chronic pain; Savella for depression; Colace for constipation; and Lidoderm patches for back pain. A previous ECG (electrocardiogram) detected a heart murmur. A chest x-ray taken in August of 2013, was reported to be within normal limits. The injured worker's diagnoses included potential disc annular disruption syndrome and facet capsular tears; posterior occipital cervicogenic headaches; temporomandibular joint disorder, intra-articular shoulder injury, consistent with impingement syndrome; upper extremity complaints consistent with nerve entrapment of her left upper extremity; and lumbosacral spinal injury. The injured worker's prior treatments included acupuncture and cognitive behavioral therapy for pain management. The provider requested preoperative cardiac clearance, posterior anterior (PA) in lateral preoperative chest x-ray, preoperative laboratory, and preoperative ECG. The provider recommended the preoperative clearance prior to neck surgery, the date of which was not provided within the medical records. The Request for Authorization was not submitted in clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A pre-operative cardiac clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Preoperative electrocardiogram (ECG).

Decision rationale: The injured worker complained of neck and low back pain. The provider recommended the preoperative clearance prior to neck surgery, the date of which was not provided within the medical records. The Official Disability Guidelines state that patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The guidelines recommend cardiac assessment patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors; patients undergoing low-risk surgery do not require electrocardiography. It is noted the injured worker had an EKG that revealed a heart murmur. There is a lack of clinical information indicating the injured worker has any signs and symptoms of active cardiovascular disease. Furthermore, the injured worker also fails to fit the criteria of any significant risk for cardiovascular illness, peripheral arterial illness, or a cerebrovascular disease. Additionally, the date the surgery is scheduled to be performed is not provided within the medical records and it is not indicated whether the surgery has been approved. Therefore, the request for a pre-operative cardiac clearance is not medically necessary or appropriate.

A pre-operative chest x-ray, PA and lateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Preoperative lab testing.

Decision rationale: The injured worker complained of neck and low back pain. The provider recommended the preoperative clearance prior to neck surgery, the date of which was not provided within the medical records. The Official Disability Guidelines state that testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. It is noted the injured worker had a chest x-ray in August of 2013, it is reported to be within normal limits. There is a lack of clinical info indicating the medical necessity to warrant an additional chest x-ray. Furthermore, the injured worker also fails to fit the criteria of any significant risk for cardiovascular illness, peripheral artery disease, or cerebrovascular disease. Additionally, the date the surgery is scheduled to be performed is not provided within the medical records and it is not indicated whether the surgery has been approved. Therefore, the request for pre-operative chest x-ray, PA and lateral, is not medically necessary or appropriate.

Pre-operative laboratory tests (CMP, CBC, INR, PT/PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Preoperative lab testing.

Decision rationale: The injured worker complained of neck and low back pain. The provider recommended the preoperative clearance prior to neck surgery, the date of which was not provided within the medical records. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. There is a lack of physical examination findings to warrant the medical necessity of preoperative laboratory studies. There is a lack of clinical information indicating the injured worker has comorbidities indicating cardiovascular disease. Furthermore, the injured worker also fails to fit the criteria of any significant risk for a cardiovascular illness, peripheral arterial disease, or cerebrovascular disease. Additionally, the date the surgery is scheduled to be performed is not provided within the medical records and it is not indicated whether the surgery has been approved. As such, the request for Pre-operative laboratory tests (CMP, CBC, INR, PT/PTT) is not medically necessary or appropriate.

A pre-operative electrocardiogram (ECG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Preoperative electrocardiogram (ECG).

Decision rationale: The injured worker complained of neck and low back pain. The provider recommended the preoperative clearance prior to neck surgery, the date of which was not provided within the medical records. The Official Disability Guidelines recommend preoperative electrocardiogram (ECG) for patients undergoing high-risk and intermediate-risk surgery who have additional cardiac risk factors. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. It is noted the injured worker had an EKG that revealed a heart murmur. There is a lack of clinical information indicating the injured worker has any signs and symptoms of active cardiovascular disease. Furthermore, the injured worker also fails to fit the

criteria of any significant risk for cardiovascular illness, peripheral arterial illness, or a cerebrovascular disease. Additionally, the date the surgery is scheduled to be performed is not provided within the medical records and it is not indicated whether the surgery has been approved. Therefore, the request for a pre-operative ECG is not medically necessary or appropriate.