

<b>Case Number:</b>	CM14-0004396		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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 is a 52 year old female with a 5/16/08 date of injury. She was thrown from a horse. Review of report from 1/3/14 shows the patient has subjective complaints of low back pain with left leg radiation and numbness. Objective findings include antalgic gait, negative straight leg raise, 4/5 strength left lower extremity, decreased sensation to light touch over the left lateral thigh, calf, and dorsum of the foot. CT lumbar spine on 1/17/12 showed multilevel degenerative disc disease with associated disc herniations measuring approximately 3 mm from L3 to S1. A 9/30/13 xray of the lumbar spine showed degenerative changes most pronounced at L5/S1. Diagnostic Impression: lumbar spondylosis, lumbar disc protrusion. Treatment to date: physical therapy, acupuncture, medication management, epidural steroid injection, cane. A UR decision on 1/3/14 denied the request for pre-op medical clearance on the basis that a prior request for surgery (L3-5 disc replacement, L5/S1 fusion) was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative Medical 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 (ODG), TWC-18th Edition, 2013 Updates, Chapter Low Back Preop Testing Criteria for Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing); Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

**Decision rationale:** CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. In the present case, a previous UR decision denied the proposed surgery of lumbar disc replacement from L3-5 and lumbar fusion from L5-S1. There is no new attached surgical proposal to consider which would be necessary to review prior to making a determination on the necessity for pre-op medical clearance. Therefore, the request for pre-operative medical clearance is not medically necessary.