

Case Number:	CM14-0014890		
Date Assigned:	02/28/2014	Date of Injury:	11/18/2012
Decision Date:	07/22/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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:

The injured worker is a 59-year-old female with a reported injury on 11/19/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/21/2014, reported that the injured worker complained of low back pain with radiation of pain into the left lower extremity. The physical examination of the injured worker's lumbar spine revealed tenderness and spasms. The range of motion demonstrated flexion to 60 degrees, extension to 20 degrees, and lateral bending to the right and left to 20 degrees. It was reported that the injured worker had a positive straight leg raise to the left and decreased sensation to the lateral aspect of the left foot. The injured worker's diagnoses included herniated discs, 5 mm at L3-4 and L5-S1 and a 4 mm at L4-5; and left-sided lumbar radiculopathy. The provider requested a preoperative appointment with PA to include chest x-ray and preoperative EKG and labs. The rationales were not provided within the clinical notes. The request for authorization was submitted on 02/04/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE APPOINTMENT WITH PA TO INCLUDE CXR: 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 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), Low Back, Preoperative lab testing.

Decision rationale: The request for a preoperative appointment with PA to include chest x-ray is not medically necessary. The injured worker complained of low back pain with radiculopathy. The treating physician's rationale for preoperative chest x-ray was not provided within the clinical notes. The Official Disability Guidelines state that testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided. There is a lack of documentation indicating the injured worker has a significant clinical impression indicating the requirement of a preoperative chest x-ray. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; as such, the request is not medically necessary and appropriate.

PREOPERATIVE EKG AND LABS: 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) & 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), Low Back, Preoperative electrocardiogram (ECG) & Preoperative lab testing.

Decision rationale: The Claims Administrator based its decision on the Non-MTUS Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram (ECG). The Expert Reviewer based his/her decision on the Citation: Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram (ECG) & Preoperative lab testing. The Expert Reviewer's decision rationale: The request for preoperative EKG and labs is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for preoperative EKG and labs was not provided within the clinical notes. 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. The 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. There is a lack of clinical information indicating that the injured worker has comorbidities indicating cardiovascular disease. Moreover, the requesting provider did not specify the operative procedure and specific labs being requested. There is a lack of documentation indicating the injured worker has a significant clinical impression indicating the requirement of a preoperative EKG along with labs. Given the information provided, there is

insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary and appropriate.