

<b>Case Number:</b>	CM14-0121456		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/22/2002
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old female who reported an injury on 08/22/2002. She reportedly sustained injuries to her left ankle, low back, and bilateral lower extremities while working for [REDACTED]. The injured worker's treatment history included intrathecal pump, spinal cord stimulator, urine drug screen, medications, MRI, and psychological evaluations. She was evaluated on 07/11/2014 and it was documented that the injured worker was there for a follow-up appointment. The injured worker complained of lower back pain on both sides, aggravated by movement, standing, walking, exercise, and working. The pain was partially relieved with rest/relaxation, and oral pain medication, spinal neuro stimulator, and intrathecal opiate medication. The provider noted her current pain level was a 7/10 and on average, her pain level is 3/10 to 4/10. The injured worker had chronic intractable low back and bilateral pain. She was referred for consultation to have her pain pump replaced. She also requested a more comfortable posterior buttock placement of her pump pocket from the current lateral flank position. It had reportedly flipped over when originally placed in the lower abdominal and required pocket revision. She has been under the care of her usual pain doctors for years and has been determined to be a good candidate for the intrathecal pump therapy. She also requires the use of spinal cord stimulator for her leg pain. The IDDS pain pump has recently been determined to have a 7-month ERI and requires replacement. The risks/benefits/returns were discussed and the injured worker agrees with the recommended treatment plan. She requested to be scheduled for an intrathecal drug delivery system (IDDS) pain pump replacement for continuous and very effective targeted drug delivery (TDD) before it runs out of battery life needed to deliver pain medication and control chronic intractable pain. She has had the procedure as requested and recovered without complications. Physical examination of the lumbar spine revealed range of motion was limited and painful extension and

rotation. Lower back examination motor system was normal. Sensory examination was normal bilateral in the upper and lower extremities. Medications included baclofen 10 mg, Lyrica 75 mg, and "Sufentanyl" 6.0 solution continuous. Diagnoses included seroma complicating procedure, chronic pain due to trauma, pain, low back, and neuralgia, neuritis, and radiculitis. The Request for Authorization or rationale was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chest x-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ national Guideline Clearinghouse; Interventions and Practices Considered; Preoperative Assessment: Practice advisory for preanesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

**Decision rationale:** The requested Chest x-ray is not medically necessary. The Official Disability Guidelines (ODG) recommends general preoperative testing. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The request submitted failed to indicate the date of the surgery. In addition, the documentation submitted is missing the psychological evaluation for the injured worker to be medically cleared for the surgery. Given the above, this request is not medically necessary.

#### **Electrocardiogram (EKG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ national Guideline Clearinghouse; Interventions and Practices Considered; Preoperative Assessment: Practice advisory for preanesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General. Preoperative Electrocardiogram (ECG).

**Decision rationale:** The request for Electrocardiogram (EKG) is not medically necessary. Per the Official Disability Guidelines (ODG) recommends Pre-op EKG are 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. 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. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. Given the above, this request is not medically necessary.

**Complete Blood Count (CBC):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ national Guideline Clearinghouse; Interventions and Practices Considered; Preoperative Assessment: Practice advisory for preanesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

**Decision rationale:** The requested Complete Blood Count (CBC) is not medically necessary. The Official Disability Guidelines (ODG) recommends general preoperative testing. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The request submitted failed to indicate the date of the surgery. In addition, the documentation submitted is missing the psychological evaluation for the injured worker to be medically cleared for the surgery. Given the above, this request is not medically necessary.

**Basic Metabolic Profile (BMP):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ national Guideline Clearinghouse; Interventions and Practices Considered; Preoperative Assessment: Practice advisory for preanesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

**Decision rationale:** The requested Basic Metabolic Profile (BMP) is not medically necessary. According to the Official Disability Guidelines (ODG) recommends preoperative testing, general. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. . The request submitted failed to indicate the date of the surgery. In addition, the documentation submitted is missing the psychological evaluation for the injured worker to be medically cleared for the surgery. Given the above, at this time it is not medically necessary.

**PT (Prothrombin Time) / PTT (Partial Thromboplastin Time): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ national Guideline Clearinghouse; Interventions and Practices Considered; Preoperative Assessment: Practice advisory for preanesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/ast/tab/test>.

**Decision rationale:** The request for Prothrombin Time (PT) / Partial Thromboplastin Time (PTT) is not medically necessary. According to labtestsonline.org, PTT may be ordered along with other tests such as a PT when a person presents with unexplained bleeding or bruising, a thromboembolism, an acute condition, such as disseminated intravascular coagulation (DIC), that may cause both bleeding and clotting as factors are used up at a rapid rate, or with a chronic condition such as liver disease. When someone has had a thrombotic episode or recurrent miscarriages, the PTT may be ordered as part of an evaluation for lupus anticoagulant or anticardiolipin antibodies. The documents submitted for review failed to indicate the injured worker having unexplained bleeding or bruising. As such, the request for Prothrombin Time (PT) / Partial Thromboplastin Time (PTT) is not medically necessary.

**SGOT/ ALK, PTase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ national Guideline Clearinghouse; Interventions and Practices Considered; Preoperative Assessment: Practice advisory for preanesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/ast/tab/testb>)After a professional and thorough review of the documents, my analysis is that the above listed issue.

**Decision rationale:** The request for SGOT/ ALK, PTase is not medically necessary. According to [labtestsonline.org](http://labtestsonline.org), SGOT/ALK, PTase lab is ordered when a patient has signs and symptoms of liver disorder. The documentation submitted for review failed to indicate the injured worker having signs or symptoms of liver problems. As such, the request for SGOT/ ALK, PTase is not medically necessary.