

<b>Case Number:</b>	CM14-0154236		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/13/2014
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Minnesota. 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 28 year old female who injured her lower back on 4/13/2014. She has clinical evidence of a left sided radiculopathy corroborated by MRI findings of a herniation at L5-S1 on the left with nerve root compression. She has been certified by UR for a left L5-S1 and L4-5 laminectomy and discectomy. The disputed issue pertains to a request for pre-op medical clearance, chest x-ray, and EKG. This was denied by UR for lack of evidence of co-morbidities and the relatively simple low-risk out-patient surgical procedure.

### 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 <http://www.guidelines.gov/content.aspx?id=38289> Preoperative evaluation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: low back, Topic: Pre-operative testing, general.

**Decision rationale:** The California MTUS guidelines do not address this issue. The ODG guidelines indicate that a pre-operative history and physical examination is necessary. Additional

recommendations will be based on the clinical findings to identify patients at high risk for post-operative complications. Selective testing may be needed. However, a routine preoperative medical consultation for pre-operative medical clearance in an individual with no documented co-morbidities is not indicated. The documentation does not indicate co-morbidities. This is an out-patient low risk surgical procedure. The request for preoperative medical clearance is therefore not medically necessary per guidelines.

**Pre-operative chest x-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines(ODG) Low Back, Preoperative testing, general

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Pre-operative testing, general.

**Decision rationale:** The California MTUS does not address pre-operative Chest X-rays. The ODG guidelines indicate the decision should be guided by the patient's clinical history, co-morbidities, and physical examination findings. The documentation submitted does not indicate co-morbidities or any physical examination findings necessitating a chest X-ray. The request for a pre-operative chest X-ray is therefore not medically necessary.

**Pre-operative EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Low Back, Preoperative electrocardiogram (ECG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Pre-operative EKG.

**Decision rationale:** The California MTUS does not address this issue. The ODG guidelines indicate out-patient orthopedic surgery is low risk and a pre-operative EKG is not medically necessary for low risk procedures. There are no cardiovascular co-morbidities documented. Therefore the request for a pre-operative EKG is not medically necessary.