

<b>Case Number:</b>	CM14-0020389		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 62-year-old male sales associate sustained an industrial injury on 4/8/13 lifting nearly 300 cases of wine (35-40 pounds) overhead during his work shift, with onset of low back pain. Past medical history documented hyperlipidemia and hypertension. The 8/4/13 lumbar MRI showed degenerative disc disease from L2/3 to L5/S1 with disc osteophyte changes at L4/5 making contact with the thecal sac and indenting the L5 roots and encroaching into both neural foramina. There was an L5/S1 disc protrusion indenting the thecal sac. There was marked canal stenosis at L3/4 due to facet and ligamentum hypertrophy, short canal diameter, and a disc protrusion causing mild to moderate right and mild left foraminal narrowing. The 1/7/14 progress report recommended L3/4 laminectomy and decompression. The 1/13/14 recommended certification of the request for L3/4 laminectomy and decompression. The requests for routine laboratory tests and chest x-ray were not considered medically necessary. If the pre-operative medical examination identified medical issues that require further investigation, then specific testing should be ordered. The 2/14/14 pre-operative evaluation report cited the need for review of the chest x-ray, EKG and lab work in order to go forward with surgery as planned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHEST X-RAY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic, Pre-operative testing, general.

**Decision rationale:** Under consideration is a request for chest x-ray. The California MTUS guidelines do not provide recommendations for pre-operative chest x-ray. The Official Disability Guidelines state that the decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. This test was required by the physician doing the pre-operative medical clearance. Therefore, this request for chest x-ray is medically necessary.

**CHEMISTRY PANEL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic, Pre-operative testing, general.

**Decision rationale:** Under consideration is a request for chemistry panel. The California MTUS guidelines do not provide recommendations for pre-operative chemistry panel. 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. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Guideline criteria have been met. This test was required by the physician doing the pre-operative medical clearance. Given the patient's age and history of hyperlipidemia and hypertension, this request for chemistry panel is medically necessary.

**COMPLETE BLOOD COUNT WITH DIFFERENTIAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic, Pre-Operative Testing, General.

**Decision rationale:** Under consideration is a request for complete blood count with differential. The California MTUS guidelines do not provide recommendations for this lab test. 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. 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. Guideline criteria have been met. The patient is a 62-year-old undergoing general anesthesia and surgery involving extensive fluid exchange. This test was required by the physician doing the pre-operative medical clearance. Therefore this request for complete blood count with differential is medically necessary.

**PROTHROMBIN TIME:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic, Pre-operative testing, general.

**Decision rationale:** Under consideration is a request for Prothrombin time. The California MTUS guidelines do not provide recommendations for this lab test. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. This test was required by the physician doing the pre-operative medical clearance. Therefore, this request for Prothrombin time is medically necessary.

**PARTIAL PROTHROMBIN TIME:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic, Pre-operative testing, general.

**Decision rationale:** Under consideration is a request for partial Prothrombin time. The California MTUS guidelines do not provide recommendations for this lab test. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. This test was required by the physician doing the pre-operative medical clearance. Therefore, this request for partial Prothrombin time is medically necessary.

**INTERNATIONAL NORMALIZED RATIO BLOOD TEST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic, Pre-operative testing, general.

**Decision rationale:** Under consideration is a request for international normalized ratio (INR) blood test. The California MTUS guidelines do not provide recommendations for this lab test. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. This test was required by the physician doing the pre-operative medical clearance. Therefore, this request for international normalized ratio (INR) blood test is medically necessary.

**URINALYSIS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 - Lumbar & Thoracic, Pre-operative testing, general.

**Decision rationale:** Under consideration is a request for urinalysis. The California MTUS guidelines do not provide recommendations for this lab test. 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. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. This test was required by the physician doing the pre-operative medical clearance. Therefore, this request for urinalysis is medically necessary.