

<b>Case Number:</b>	CM14-0023348		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 patient is a 52-year-old female who has filed a claim for cervical spondylosis associated with an industrial injury date of August 22, 2011. Review of progress notes indicates neck pain and stiffness radiating into the left upper extremity up to the fingers, arm weakness, and headaches. Findings include cervical tenderness, positive Spurling's bilaterally, decreased and painful cervical range of motion, and decreased sensation in bilateral C6 distributions. MRI of the cervical spine dated October 13, 2013 showed C5-6 disc osteophyte protrusion mildly flattening the ventral cord and causing moderate-severe right and moderate left foraminal stenosis, with possible compression of the exiting nerve roots. Electrodiagnostic study of the upper extremities dated November 22, 2013 showed right C6 radiculopathy, and moderate-severe right and mild left carpal tunnel syndrome. Of note, the patient has a history of heart disease with a heart attack in 2008, and hyperlipidemia. Treatment to date has included physical therapy, Lyrica, opioids, and anti-inflammatories. This patient has been authorized to undergo anterior cervical discectomy and fusion at C5-6. Utilization review from January 24, 2014 denied the requests for outpatient pre-operative medical clearance to include lab work of urinalysis, chemistry panel, EKG, and chest x-ray as any required testing should be requested by the preoperative examiner for clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PRE-OPERATIVE MEDICAL CLEARANCE TO INCLUDE LAB WORK OF: URINALYSIS (UA): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter, Preoperative lab testing.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that 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 modified approach. Urinalysis is indicated for patients undergoing urologic procedures and implantation of foreign material. Urinalysis is also a very effective screening tool for occult urinary tract infection (UTI). In this case, the patient is authorized to undergo anterior cervical discectomy and fusion at C5-6, which is an intermediate risk surgery. Although there is no documentation of renal or genitourinary problems, or of upcoming urologic procedures, preoperative urinalysis is a very appropriate preoperative screening test that is consistent with the community standards of orthopaedic practice. Presence of active infection (i.e. UTI) prior to orthopaedic procedures, especially those that involve placement of foreign material (i.e. allograft bone, hardware) presents a relative contraindication to elective surgery. Therefore, the request for outpatient pre-operative medical clearance to include lab work of urinalysis was not medically necessary.

**OUTPATIENT PRE-OPERATIVE MEDICAL CLEARANCE TO INCLUDE EKG:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. 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. In this case, the patient is authorized to undergo anterior cervical

discectomy and fusion at C5-6, which is an intermediate risk surgery. This patient has coronary heart disease with a history of heart attack. Therefore, the request for pre-operative medical clearance to include EKG was medically necessary.

**OUTPATIENT PRE-OPERATIVE MEDICAL CLEARANCE TO INCLUDE CHEST X-RAY::** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter, Preoperative testing, general.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. 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, co-morbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Although there is no indication of pulmonary disease, there is history of cardiac disease in this patient that would increase the risk of post-operative pulmonary complications. Therefore, the request for pre-operative medical clearance to include chest x-ray is medically necessary.

**OUTPATIENT PRE-OPERATIVE MEDICAL CLEARANCE TO INCLUDE LAB WORK OF: CHEMISTRY PANEL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter, Preoperative lab testing.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that 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 modified approach. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications predisposing them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high

risk of undiagnosed diabetes mellitus. A1C testing is recommended if the result would change perioperative management. This patient has a history of cardiac disease and hyperlipidemia, and current medications include diclofenac, Lyrica, Angiotrofin, and aspirin. The request is for outpatient pre-operative medical clearance to include lab work of chemistry panel which is commonly understood to include analysis of electrolytes (Sodium, Potassium, Chloride, and CO2 serum levels) as well as blood urea nitrogen and creatinine serum levels. Based on medical history of heart disease, the patient's chronic use of medications that are potentially nephrotoxic (i.e. diclofenac), and a surgery that will require a general anesthetic, the request for preoperative "chemistry panel" is recognized as medically necessary.