

<b>Case Number:</b>	CM14-0023909		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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, has a subspecialty in Spine 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 61-year-old male who reported an injury on 01/04/2004 secondary to a fall. His diagnoses include low back pain, lumbar radiculopathy, and depression. His current medications were noted to include carbamazepine, Effexor, Flexeril, lisinopril, Lopid, Lyrica, metformin, Norco, OxyContin, prazosin, propranolol, tamsulosin, terazosin, trazodone, and zolpidem. According to the medical records submitted for review, the injured worker has been treated previously with physical therapy, epidural steroid injections, facet injections, a home exercise program, psychotherapy, and a spinal cord stimulator trial. He underwent a lumbar fusion at the L4-5 level on 04/12/2012. According to a clinical visit on 04/09/2014, the injured worker reported 80% improvement in his pain with the spinal cord stimulator trial. He also reported that he was able to decrease his medication use with the spinal cord stimulator treatment. On physical examination, there were no significant abnormal findings noted. The injured worker was recommended for a permanent placement of a spinal cord stimulator with preoperative laboratory testing and a preoperative chest x-ray. A Request for Authorization was submitted on 04/17/2014 for a spinal cord stimulator implant, and preoperative laboratory testing. A supplemental clinical note dated 05/07/2014 noted the injured worker to have a history of diabetes and hypertension. This note stated that the injured worker did not specifically have a condition that predisposed him for anemia. The documentation submitted for review indicated that the injured worker was approved for the spinal cord stimulator implant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRE-OP CHEST X-RAY (FOR APPROVED SPINAL CORD STIMULATOR TRIAL):**  
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 testing, general.

**Decision rationale:** The request for a preoperative chest x-ray is non-certified. The medical records submitted for review failed to provide a rationale during the request for a preoperative chest x-ray. The Official Disability Guidelines state that the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The guidelines also state that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. The medical records submitted for review indicate that the injured worker has a history of diabetes and hypertension. There is a lack of documented evidence to indicate that the injured worker has a history of pulmonary disease or risk factors for postoperative pulmonary complications. Therefore, the necessity of a preoperative chest x-ray has not been established. As such, the request for 1 preoperative chest x-ray is not medically necessary.

**PRE-OP LABS: BLOOD TESTS TO INCLUDE CMP 14, CBC WITH DIFF, PT, PTT ACTIVATED, AND SEDIMENTATION RATE (FOR APPROVED SPINAL CORD STIMULATOR TRIAL):** 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 request for preoperative labs to include a complete metabolic panel, complete blood count with differential, prothrombin time, activated partial thromboplastin time, and sedimentation rate is non-certified. The injured worker was noted to have a history of diabetes and hypertension. His medications were noted to include Norco, OxyContin, tamsulosin, and terazosin. He was also noted to take other blood pressure medications, anti-diabetic medications, and pain medications. The Official Disability Guidelines recommend electrolyte and creatinine testing to be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. As the injured worker was noted to be taking medications that may predispose him to electrolyte abnormalities for renal failure, there is sufficient evidence to warrant preoperative laboratory testing with a complete metabolic panel. However, the guidelines state that a complete blood count should be reserved for injured workers with diseases that increase the risk

of anemia or injured workers in whom significant perioperative blood loss is anticipated. The recent medical records indicate that the injured worker does not specifically have a condition that predisposes him for anemia. Therefore, preoperative laboratory testing with a complete blood count is not warranted at this time. Additionally, the guidelines state that coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The documentation submitted for review fails to indicate that the injured worker has a history of bleeding or a medical condition that predisposes him to bleeding. His current medication list is absent of anticoagulants. Therefore, there is insufficient evidence to warrant the necessity of laboratory testing with coagulation studies. As such, the request for preoperative laboratory testing to include a complete metabolic panel, complete blood count with differential, prothrombin time, activated partial thromboplastin time, and sedimentation rate is not medically necessary.