

<b>Case Number:</b>	CM14-0037476		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/15/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 is a 41 year-old male with a 1/15/11 date of injury after losing his footing stepping out of his truck. The patient was seen on 2/26/14 with complaints of back and left leg pain. The patient is status post PT, medications, and epidurals, which did not provide pain relief. Exam findings revealed no focal neurological deficits in the lower extremities and slight tenderness in the L spine with mild decrease in range of motion. His gait was noted to be normal. An MRI dated (1/27/14) revealed moderate bilateral foraminal stenosis at L4/5 as well as lateral recess narrowing at contacti8ng the traversing L5 nerve root and severe left foraminal stenosis at L5/S1. Treatment to date: work restriction, medication, PT, LESI to L4/5 and L5/S1. An adverse determination was received on 3/13/14 given there was no documentation of any objective radicular findings in the requested nerve root distributions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Laminectomy with Decompression at L4-5 (Lumbar 4-5) and L5-S1 (Lumbar 5-Sacral 1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, (Fisher, 2004) Low Back Chapter and AMA (American Medical Association) Guides, 5th edition, pgs 382-383.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. This patient has no neurological deficits on exam. He has full motor strength and sensation is normal and intact, as well as reflexes. The patient does not have severe and disabling lower leg symptoms. Therefore, the request for a Lumbar Laminectomy with Decompression at L4-5 (Lumbar 4-5) and L5-S1 (Lumbar 5-Sacral 1) was not medically necessary.

**Pre-operative: EKG (Electrocardiogram):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**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 (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

**Decision rationale:** CA MTUS does not address this issue. 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. As the request for a Lumbar Laminectomy with Decompression at L4-5 (Lumbar 4-5) and L5-S1 (Lumbar 5-Sacral 1) was not medically necessary, the request for pre op EKG was also not medically necessary.

**Pre-operative: CBC (Complete Blood Count):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**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 (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

**Decision rationale:** CA MTUS does not address this issue. ODG Criteria for Preoperative lab testing. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. As the request for a Lumbar Laminectomy with Decompression at L4-5 (Lumbar 4-5) and L5-S1 (Lumbar 5-Sacral 1) was not medically necessary, the request for pre op labs was also not medically necessary.

**Pre-operative: CMP ( Comprehensive Metabolic Panel): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**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 (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

**Decision rationale:** CA MTUS does not address this issue. ODG Criteria for Preoperative lab testing. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. As the request for a Lumbar Laminectomy with Decompression at L4-5 (Lumbar 4-5) and L5-S1 (Lumbar 5-

Sacral 1) was not medically necessary, the request for pre op labs was also not medically necessary.

**Pre-operative: UA (Urinalysis): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**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 (Acute & Chronic) Chapter-Pre operative EKG and Lab testing).

**Decision rationale:** CA MTUS does not address this issue. ODG Criteria for Preoperative lab testing. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. As the request for a Lumbar Laminectomy with Decompression at L4-5 (Lumbar 4-5) and L5-S1 (Lumbar 5-Sacral 1) was not medically necessary, the request for pre op labs was also not medically necessary.