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| <b>Case Number:</b>   | CM14-0040317 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 10/28/2011 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 03/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 injured worker is a 37-year-old female who reported an injury on 10/28/2011. The mechanism of injury was not stated. Current diagnoses include previous lumbar laminectomy at L4-5 in 01/2012, lumbar disc protrusion at L4-5 and L5-S1, L5-S1 spondylolisthesis with bilateral spondylosis, and chronic low back/right leg pain. The injured worker was evaluated on 02/10/2014. Previous conservative treatment includes an L4-5 lumbar epidural steroid injection, which provided excellent relief of symptoms. Physical examination on that date revealed a well healed posterior midline incision, 60 degree flexion, 30 degree extension, 30 degree rotation and bending, 5/5 motor strength, and mildly decreased sensation in the right L5 dermatome with positive straight leg raising. Treatment recommendations at that time included authorization for an L4-5 lumbar decompressive laminectomy and discectomy with preoperative clearance and postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative urinalysis:** 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:** Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted for this review, the injured worker is currently pending authorization for a lumbar decompressive laminectomy and discectomy. There is no indication that this injured worker's surgical procedure has been authorized. Additionally, there is no evidence of a significant medical history or any comorbidities that would warrant the need for preoperative testing. Based on the clinical information received and the Official Disability Guidelines, the request for preoperative urinalysis is not medically necessary.

**Preoperative Complete Blood Count (CBC): 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:** Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted for this review, the injured worker is currently pending authorization for a lumbar decompressive laminectomy and discectomy. There is no indication that this injured worker's surgical procedure has been authorized. Additionally, there is no evidence of a significant medical history or any comorbidities that would warrant the need for preoperative testing. Based on the clinical information received and the Official Disability Guidelines, the request for preoperative complete blood count (CBC) is not medically necessary.

**Preoperative Complete Metabolic Panel (CMP): 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:** Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted for this review, the injured worker is currently pending authorization for a lumbar decompressive laminectomy and discectomy. There is no indication that this injured worker's surgical procedure has been authorized. Additionally, there is no evidence of a significant medical history or any comorbidities that would warrant the need for preoperative

testing. Based on the clinical information received and the Official Disability Guidelines, the request for preoperative complete metabolic panel (CMP) is not medically necessary.

**Preoperative Protine (PT): 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:** Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted for this review, the injured worker is currently pending authorization for a lumbar decompressive laminectomy and discectomy. There is no indication that this injured worker's surgical procedure has been authorized. Additionally, there is no evidence of a significant medical history or any comorbidities that would warrant the need for preoperative testing. Based on the clinical information received and the Official Disability Guidelines, the request for preoperative Protine (PT) is not medically necessary.

**Preoperative Activated Partial Thromboplastin (APTT): 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:** Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted for this review, the injured worker is currently pending authorization for a lumbar decompressive laminectomy and discectomy. There is no indication that this injured worker's surgical procedure has been authorized. Additionally, there is no evidence of a significant medical history or any comorbidities that would warrant the need for preoperative testing. Based on the clinical information received and the Official Disability Guidelines, the request for preoperative activated partial thromboplastin (APTT) is not medically necessary.

**Preoperative Chest Radiograph (X-Ray): 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:** Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted for this review, the injured worker is currently pending authorization for a lumbar decompressive laminectomy and discectomy. There is no indication that this injured worker's surgical procedure has been authorized. Additionally, there is no evidence of a significant medical history or any comorbidities that would warrant the need for preoperative testing. Based on the clinical information received and the Official Disability Guidelines, the request for preoperative chest radiograph (X-Ray) is not medically necessary.