

<b>Case Number:</b>	CM14-0051473		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Internal Medicine 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 48-year-old female who has submitted a claim for lumbar radiculopathy, herniated disc disease and lumbar facet arthritis, associated with an industrial injury date of April 12, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the left lower extremity. She has undergone L5-S1 and S1 transforaminal epidural injection with fluoroscopy on January 31, 2014. Physical examination showed slightly antalgic gait; mild weakness with left EHL at 4+/5; and positive straight leg raise on the left. MRI of the lumbar spine done on August 31, 2013 revealed presence of a prior L5-S1 laminectomy; broad-based disc bulge with moderate left neuroforaminal narrowing; bilateral facet joint arthritis; fibrosis at L5-S1 epidural space and degenerative disc; and minimal disc bulge at L4-5 with mild bilateral facet arthritis. The diagnoses were lumbar L5-S1 radiculopathy, herniated disc disease, lumbar facet arthritis, and status post lumbar laminectomy. Epidural injections were recommended for which preoperative clearance including EKG, CBC, electrolyte, urinalysis, PT, and PTT were requested. Treatment to date has included oral analgesics, muscle relaxants, spine surgery, lumbar epidural injections, physical therapy, H-wave, acupuncture, and chiropractic care. Utilization review from March 18, 2014 denied the request for preoperative clearance EKG, CBC, electrolyte, urinalysis, PT, and PTT. Pre-operative testing could be considered for general anesthesia in a high risk surgery setting, which is not the case for epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Preoperative clearance electrocardiogram (EKG): Overturned**

**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; preoperative ECG.

**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. In this case, patient was authorized to undergo L5-S1 and S1 transforaminal epidural injection with fluoroscopy. Patient is a 48-year-old female and although she had no cardiac disease or comorbidities, pre-operative ECG is a reasonable diagnostic option to stratify patient's risk for cardiovascular events. Therefore, the request for Preoperative clearance electrocardiogram (EKG) is medically necessary.

### **Preoperative laboratory study of complete blood count (CBC).: 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; preoperative testing.

**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. Complete blood count is indicated in patients with risk of anemia or in whom significant blood loss is anticipated. In this case, the patient was authorized to undergo L5-S1 and S1 transforaminal epidural injection with fluoroscopy. However, there was no evidence of presence or increased risk for anemia in this patient. Moreover, significant blood loss is not expected in epidural injections. Therefore, the request for Preoperative laboratory study of complete blood count (CBC) is not medically necessary.

### **Preoperative laboratory study of electrolytes.: 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; preoperative testing.

**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 testing should be performed in patients with underlying chronic disease and those taking medications predisposing them to electrolyte abnormalities or renal failure. In this case, there was no evidence of renal pathology and chronic disease that may cause electrolyte abnormalities in this patient. Therefore, the request for Preoperative laboratory study of electrolytes is not medically necessary.

### **Preoperative urine analysis.: 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; preoperative testing.

**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. In this case, patient was authorized to undergo L5-S1 and S1 transforaminal epidural injection with fluoroscopy. However, there was no documentation of renal or genitourinary problems, or of upcoming urologic procedures, to necessitate a pre-operative urinalysis. Therefore, the request for Preoperative urine analysis was not medically necessary.

### **Preoperative laboratory studies prothrombin time.: Overturned**

**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 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, patient was authorized to undergo L5-S1 and S1 transforaminal epidural injection with fluoroscopy. Patient is a 48-year-old female and although she had no comorbidities, preoperative prothrombin time is a reasonable diagnostic option to determine risk for bleeding. Therefore, the request for Preoperative laboratory studies prothrombin time was medically necessary.

**Preoperative partial thromboplastin time.:** Overturned

**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 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, patient was authorized to undergo L5-S1 and S1 transforaminal epidural injection with fluoroscopy. Patient is a 48-year-old female and although she had no comorbidities, preoperative partial thromboplastin time is a reasonable diagnostic option to determine risk for bleeding. Therefore, the request for Preoperative partial thromboplastin time was medically necessary.