

Case Number:	CM14-0082248		
Date Assigned:	07/21/2014	Date of Injury:	09/19/2013
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 Neurological 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 47-year-old who was reportedly injured on September 19, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 1, 2014, indicated that there were ongoing complaints of low back pain and left hip pain. The physical examination demonstrated a right sided tilt of the cervical and thoracic spine with spasms along the paravertebral muscles. Diagnostic imaging studies reported a Grade II anterolisthesis of L5 on S1. Previous treatment included physical therapy. A request was made for a preoperative chest x-ray and electrocardiogram and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative chest x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back_Lumbar & Thoracic (Acute & Chronic) Radiography (x-rays).

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, Preoperative Testing, General, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, preoperative studies to include an electrocardiogram in a chest x-ray should be guided by the patient's clinical history, comorbidities, and physical examination findings. Electrocardiography is only recommended for patients undergoing high risk surgery and/or for those with additional risk factors. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications. The attached medical record did not indicate that the injured employee had any of these risk factors or concerns. Therefore, the request for a preoperative chest x-ray is not medically necessary or appropriate.

Pre-operative electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Preoperative electrocardiogram (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, Preoperative Testing, General, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, preoperative studies to include an electrocardiogram (EKG) and a chest x-ray should be guided by the patient's clinical history, comorbidities, and physical examination findings. Electrocardiography was only recommended for patients undergoing high risk surgery and/or for those with additional risk factors. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications. The attached medical record did not indicate that the injured employee has any of these risk factors or concerns. Therefore, the request for a preoperative EKG is not medically necessary or appropriate.