MAXIMUS Federal Services

Case Number:	CM14-0136843		
Date Assigned:	08/18/2014	Date of Injury:	10/02/2012
Decision Date:	05/19/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 40-year-old female who sustained an industrial injury on 12/18/03. Injury occurred when she was working in a refrigerator and trays fell on her, causing her to fall. Past medical history was notable for hypertension. The 4/7/13 lumbar spine MRI documented L5/S1 spondylolisthesis and foraminal narrowing. Records documented an abnormal EKG on 7/18/14 with normal sinus rhythm and a non-specific T wave abnormality. She underwent a left shoulder arthroscopic rotator cuff repair, extensive labral debridement, subacromial decompression, and biceps tenodesis on 7/21/14. The 8/7/14 lumbar spine x-ray impression documented pars defect at L5 with grade II spondylolisthesis, demonstrating motion on flexion and extension. The 8/7/14 orthopedic report cited low back pain radiating to both legs, left greater than right. Conservative treatment had included epidural steroid injections, therapy and medications without sustained benefit. The treatment plan requested L5 Gill laminectomy, possible transforaminal lumbar interbody fusion, L4-S1 posterior spinal instrumented fusion, with assistant surgeon and pre-operative labs and EKG. The 8/18/14 utilization review non-certified the request for pre-operative labs and EKG as the injured worker had undergone anesthesia on 7/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre operative labs and EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met for a repeat EKG given the abnormality recently documented and indication that there will be a delay between surgeries. However, the request for pre-operative lab testing is non-specific and does not allow for medical necessity to be established. Therefore, this request is not medically necessary.