

<b>Case Number:</b>	CM14-0190502		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 male who reported an injury on 05/05/2014 after walking down a set of stairs which reportedly caused significant right calf pain. The injured worker's treatment history included Tylenol and Advil. The injured worker underwent an MRI of the lumbar spine on 09/22/2014 that indicated there was a large disc protrusion at the L5-S1, causing right sided neural foraminal narrowing. The injured worker was evaluated on 10/08/2014. It was noted that the injured worker had no significant surgical history. It was noted that the injured worker denied a history of ulcers, gastritis, diabetes, or any permanent disabilities. The injured worker had a noncontributory family history and was not a tobacco user. The injured worker's medications included nabumetone, cyclobenzaprine, and tramadol. The physical examination revealed a pulse of 61, blood pressure of 108/81 mmHg, a temperature of 98.6, and a respiratory rate of 16 breaths per minute. The injured worker reported a 9/10 pain on a VAS. It was noted that the injured worker had an abnormal gait, tenderness to palpation of the thoracolumbar spine and paravertebral musculature with restricted range of motion secondary to pain. It was also noted that the injured worker had decreased sensation in the L4-5 dermatomal distribution with a positive straight leg raising test. The injured worker's diagnoses included lumbar disc displacement and sciatica. The injured worker's treatment plan from that appointment included a consultation with a spine specialist, oral steroids, and work modifications. A request was made for preoperative medical clearance and associated labs. No justification for the request was provided and no Request for Authorization form was submitted to support the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance - medical consult for H&P, EKG, Chest x-ray and labs: Chem panel, CBC, UA, APTT, PT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative lab testing

**Decision rationale:** The requested pre-operative medical clearance - medical consult for H&P, EKG, chest x-ray and labs: Chem panel, CBC, UA, APTT, PT is not medically necessary or appropriate. The clinical documentation submitted for review does not clearly indicate what type of surgery is being requested. The Official Disability Guidelines recommend preoperative lab testing to include EKGs, chest x-rays, and preoperative labs for patients who are at significant risk for developing intraoperative or postoperative complications. The clinical documentation indicates that the injured worker is a 37-year-old male with no history of complicated diagnoses to support the need for preoperative testing. As such, the requested pre-operative medical clearance - medical consult for H&P, EKG, chest x-ray and labs: Chem panel, CBC, UA, APTT, PT is not medically necessary or appropriate.