

<b>Case Number:</b>	CM14-0192902		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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 injured worker is a 43-year-old male with a date of injury of 07/31/2012. The mechanism of injury was due to cumulative trauma from combative situations while attempting to subdue inmates at the county jail. His relevant diagnoses are lumbar radiculopathy, lumbosacral spondylosis without myelopathy and sprains and strains of the lumbar back. Past treatments include 2 epidural steroid injections and medial branch block, therapy, medications and activity modifications. His surgical history includes repair of facial fractures and awaiting authorization for lumbosacral spine fusion. On 10/23/2014, the injured worker reported continued complaints of lower back pain which radiated into his lower extremities. He continued to have some improvement with the night-time splinting. Physical examination noted lumbar spine tenderness, pain with range of motion, and paraspinal muscle spasms were present. According to physical examination dated 10/09/2014, the cervical range of motion was flexion to 50 degrees, extension to 60 degrees, lateral bending to 45 degrees and rotation to 80 degrees with tenderness to palpation in the mid to low cervical region and the upper thoracic region with a positive Spurling's test. The cervical strength was normal and symmetric. Normal sensation to light touch was noted and there was no hyperesthesia or hypoesthesia. The examination of the lumbar spine revealed tenderness to palpation in the mid to low lumbosacral region. The range of motion of the lumbar spine was flexion to 60 degrees, extension to 25 degrees, and lateral bending to 25 degrees. Motor examination revealed 5/5 and reflexes were 2+ and symmetric in the quads and the Achilles. There was diminished pinprick sensation in the right L5 and S1 dermatomes, otherwise intact bilateral in the L3, L4 and left L5 and S1 dermatomes. His current medications are Norco and Gralise. The treatment plan was to do an anterior/posterior surgery at L5-S1 to increase the stability. The request is for associated surgical service x-rays for the lumbar spine and associated surgical service EKG. The rationale is he has had 3 injections and physical

therapy and this has not helped him in the long term. The Request for Authorization form was not included.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: X-Rays for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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, Radiography (x-rays).

**Decision rationale:** The request for associated surgical services x-ray for the lumbar spine is not medically necessary. The Official Disability Guidelines do not recommend routine x-rays in the absence of red flags. The guidelines do recommend lumbar x-rays post-surgery to evaluate the status of the fusion. The medical documents lack evidence of high surgical risk or physical examination findings that would be indicative of x-rays preoperative. As it is uncertain that the planned surgery was approved, the need for these pre-operative X-Rays cannot be substantiated at this time. As such, the request is not medically necessary.

**Associated surgical service: 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.

**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 electrocardiogram (ECG).

**Decision rationale:** The request for the associated surgical service EKG is not medically necessary. The Official Disability Guidelines recommend an EKG for injured workers undergoing a high risk surgery and that undergoing immediate risk surgery who have additional risk factors. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status, preoperative EKGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. The included medical documents lack evidence of signs or symptoms or active cardiovascular disease or high risk factors for coronary disease. There is no documentation of any additional risk factors. Also, given a young patient with no significant co-morbidities, the need for pre-op EKG is further unsupported. As such, the request is not medically necessary.

