

Case Number:	CM14-0194271		
Date Assigned:	12/02/2014	Date of Injury:	10/31/2011
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 Orthopedic Surgery, has a subspecialty in Spine 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:

According to the records made available for review, this is a 51-year-old female with a 10/31/11 date of injury. At the time (11/3/14) of the Decision for pre op medical clearance, pre op EKG, pre op chest x-ray, pre op laboratories, and pre op urinalysis, there is documentation of subjective (neck and low back pain) and objective (decreased lumbar range of motion, antalgic gait, and decreased sensory exam over L4-S1 dermatomes) findings, current diagnoses (lumbar spine disc herniation at L5-S1 with neural foraminal narrowing and lumbar radiculopathy), and treatment to date (acupuncture therapy, physical therapy, and medications). Medical report identifies an associated request for microlumbar decompressive surgery on right L5-S1 that has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op medical clearance: Overturned

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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc herniation at L5-S1 with neural foraminal narrowing and lumbar radiculopathy. In addition, there is documentation of an associated request for microlumbar decompressive surgery on right L5-S1 that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for pre op medical clearance is medically necessary.

Pre op 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 (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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc herniation at L5-S1 with neural foraminal narrowing and lumbar radiculopathy. In addition, there is documentation of an associated request for microlumbar decompressive surgery on right L5-S1 that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for pre op EKG is medically necessary.

Pre op Chest x-ray: Overturned

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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic

choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc herniation at L5-S1 with neural foraminal narrowing and lumbar radiculopathy. In addition, there is documentation of an associated request for microlumbar decompressive surgery on right L5-S1 that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for pre op chest x-ray is medically necessary.

Pre op laboratories: 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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc herniation at L5-S1 with neural foraminal narrowing and lumbar radiculopathy. In addition, there is documentation of an associated request for microlumbar decompressive surgery on right L5-S1 that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for pre op laboratories is medically necessary.

Pre op urinalysis: Overturned

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 lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc herniation at L5-S1 with neural foraminal narrowing and lumbar radiculopathy. In addition, there is documentation of an associated request

for microlumbar decompressive surgery on right L5-S1 that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for pre op urinalysis is medically necessary.