

<b>Case Number:</b>	CM14-0201422		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Family Practice, 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:

21 yr. old female claimant sustained a work injury on 8/11/93 involving the low back. She was diagnosed with thoracolumbar strain. An MRI of the lumbar spine showed L1-L2 disc bulging and L3-L5 neural foraminal narrowing. Electrodiagnostic studies in 2012 were normal. In 2014, a neurosurgeon diagnosed her with complex regional pain syndrome and reflex sympathetic dystrophy and recommended a spinal cord stimulator. A progress note on 9/4/14 indicated the claimant had a successful trial of a spinal cord stimulator and a permanent implant was to be placed. Her range of motion was limited and she continued to have tenderness to palpation. A subsequent request was made for pre-operative labs prior to permanent spinal cord stimulator placement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance, EKG, Chest X-ray, Labs: CBC, CMB, UA, PT, PTT:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care Noncardiac Surgery (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preop labs; American Family Physicians and pre-operative labs March 2013.

**Decision rationale:** The MTUS and ACOEM guidelines do not comment on pre-operative labs. According to the ODG guidelines, Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in preoperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. According to the American Academy of Family Physicians, pre-operative labs are recommended for high-risk surgeries in high-risk patients. Spinal cord stimulator placement is considered a low-risk procedure. The request for pre-operative labs is not medically necessary.