

<b>Case Number:</b>	CM14-0217893		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/16/2001
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: New York  
 Certification(s)/Specialty: Neurological 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 57 year old man sustained an industrial injury on 5/16/2001 to his low back while moving furniture. Evaluations include-rays of the lumbar spine and lumbar spine MRI dated 2/10/2014. Diagnoses include lumbar disc protrusions resulting in foot drop and weakness. Treatment has included oral medications, chiropractic treatment, and physical therapy. Physician notes dated 11/24/2014 show complaints of constant low back pain rated 5-8/10. Recommendations include surgical intervention with associated pre and post-operative services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative clearance consultation:** 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 Chapter.

**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 Chapter-Preoperative lab testing.

**Decision rationale:** The ODG guidelines do recommend referral to a specialist if the patient's clinical history, comorbidities and physical examination findings indicate this wisdom. Documentation is not presented to indicate that a specialist other than the operating surgeon should necessarily be consulted. The guidelines indicate testing should generally be done to confirm a clinical impression and then the action should affect the course of treatment. The requested treatment: Preoperative clearance consultation is not medically necessary and appropriate.

**Pre-op clearance labs:** 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 Chapter.

**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 Chapter-Preoperative testing, general, preoperative testing.

**Decision rationale:** The ODG guidelines do recommend preoperative testing if the patient's clinical history, comorbidities and physical examination findings indicate this wisdom. Hospital policy and operating room policies may include direction as to what testing should be done to be in compliance. Documentation is not presented to indicate what these policies might contain or what is mandated. The guidelines indicate testing should generally be done to confirm a clinical impression and then the action should affect the course of treatment. The blanket requested treatment: Pre-op clearance labs is not specific and is not medically necessary and appropriate.

**Pre-op chest x-ray:** 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 Chapter.

**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 Chapter-Preoperative testing, general.

**Decision rationale:** The ODG guidelines do recommend preoperative testing if the patient's clinical history, comorbidities and physical examination findings indicate this wisdom. Hospital policy and operating room policies may include direction as to what testing should be done to be in compliance. Documentation is not presented to indicate that these policies mandate a chest X-ray. The guidelines note that chest radiography is reasonable for patients at risk from postoperative pulmonary complications if the results would change perioperative management. Documentation does not indicate if there might be a problem. The guidelines indicate testing should generally be done to confirm a clinical impression and then the action should affect the course of treatment. Therefore the request is not medically necessary.

**Pre-op 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 Chapter.

**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 chapter- Preoperative electrocardiogram.

**Decision rationale:** The ODG guidelines do recommend a preoperative EKG if the patient is going to undergo high risk surgery. If the patient is to undergo intermediate risk surgery and has additional risk factors then the guidelines advise a preoperative EKG. Documentation is not presented to show that the patient has these additional risk factors. The Requested Treatment: Pre-op EKG Is NOT medically necessary and appropriate.