

<b>Case Number:</b>	CM15-0100618		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	10/07/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 63-year-old male who sustained an industrial injury on 10/07/12. He reported back pain as a result of braking suddenly while driving to avoid hitting a deer. Past medical history was positive for hypertension, diabetes mellitus, and duodenal ulcer. He was a current smoker, 4-5 cigarettes a day. The 2/11/14 lumbar spine MRI impression documented grade 1 spondylolisthesis at L4/5 with mild central canal stenosis and significant bilateral neuroforaminal stenosis. There was mild L5/S1 degenerative disc disease with no significant neural impingement. Conservative treatment had included physical therapy, acupuncture, activity modification, and medication management. The 5/5/15 treating physician report cited worsening back pain radiating into the lower extremities with numbness, tingling and weakness. Symptoms were aggravated by standing and walking. Physical exam documented slow and antalgic gait, right foot dorsal numbness, bilateral 4/5 extensor hallucis longus weakness, lumbar flexion reduced 50%, and significantly limited and painful extension. Imaging showed grade 2 L4/5 spondylolisthesis with pars defects and a disc extrusion causing moderate to severe canal stenosis. Authorization was request for Gill laminectomy and posterior spinal fusion with TPLIF at L5/S1, bone morphogenetic protein, PEEK cage, and possible iliac crest bone graft, and associated requests for medical clearance with an internist and pre-operative labs (EKG, CBC, UAPC, CMP, Nares culture for MRSA, PTT, PT/INR, HgbA1c, and chest x-ray). The 5/14/15 utilization review certified the request for Gill laminectomy and posterior spinal fusion with TPLIF at L5/S1, bone morphogenetic protein, PEEK cage, and possible iliac crest bone graft and the associated request for medical clearance with an internist. The request for pre-op labs: EKG,

CBC, UAPC, CMP, Nares culture for MRSA, PTT, PT/INR, HgbA1c, and chest x-ray was non-certified as routine testing was not considered medically necessary and should be deferred to the internist doing the clearance for ordering of specific diagnostic testing.

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

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

**Pre-Op Labs EKG, CBC, UAPC, CMP, Nares Culture for MRSA, PTT, PT/INR, CXR, HgbA1c:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation National Guideline Clearinghouse website: [guideline.gov](http://guideline.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guideline criteria have been met. This injured worker presents with a significant past medical history including hypertension, diabetes, smoking, and duodenal ulcer. Middle-aged males with these co-morbidities have known occult increased cardiovascular and pulmonary risk factors to support the medical necessity of a pre-procedure EKG and chest x-ray. The pre-op lab testing requested is also appropriate given these clinical indications. Therefore, this request is medically necessary.