

<b>Case Number:</b>	CM15-0109831		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	01/26/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 54-year-old male who sustained an industrial injury on 1/26/13, relative to a fall. Past medical history and social history was not documented in the submitted medical records. Past surgical history was positive for first dorsal compartment release, right shoulder arthroscopy, and L5/S1 laminotomy. The 8/5/14 lumbar spine MRI impression documented increased constriction of the prescription at the L4/5 and L5/S1 levels due to increased epidural fat. There was a focal right paracentral disc extrusion at L5/S1, unchanged bilateral neuroforaminal stenosis at L5/S1, and unchanged mild disc degeneration at L5/S1 associated with prior right laminotomy. The 5/6/15 treating physician report cited continued back pain radiating down the right leg with numbness and tingling. He had a prior lumbar discectomy at L5/S1 and was not improved at all after the surgery. He was limited in activities of daily living. The MRI revealed the same degree of herniation. He was still walking with a cane. Physical exam documented height 5'5', weight 199 pounds, and moderate loss of lumbar flexion, extension, and lateral flexion with increased pain at end range. There was paraspinal tenderness and spasms, sciatic notch tenderness, and positive straight leg raise. Neurologic exam documented 4/5 right gastroc weakness, 1+ and symmetrical lower extremity deep tendon reflexes, and decreased S1 dermatomal sensation. The diagnosis included lumbar radiculopathy and disc herniation L5/S1. He had failed conservative treatment. Authorization was requested for repeat L5/S1 discectomy. Additional surgical requests included pre-operative examination and EKG, urine dipstick, chest x-ray, and labs including PT/PTT (prothrombin time/partial thromboplastin) and CBC (complete blood count). The 6/1/15 utilization review certified the

request for lumbar laminectomy and discectomy at L5/S1 and post medications. The request for pre-operative exam was non-certified as there were no described medical co-morbidities and the injured worker had recently undergone upper extremity surgery. The request for EKG, urine dipstick, chest x-ray, and labs including PT/PTT (prothrombin time/partial thromboplastin) and CBC (complete blood count) was modified and certified for urine dipstick, PT/PTT and CBC. The rationale stated that in the absence of cigarette smoking or specific medical comorbidities, a pre-operative EKG and chest x-ray were not clinically necessary.

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

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

#### **Pre-operative examination: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov/content.aspx?id=48408](http://www.guideline.gov/content.aspx?id=48408) Perioperative protocol, Health care protocol.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

#### **EKG, urine dipstick, chest x-ray and labs including prothrombin time blood test (PT), partial thromboplastin time blood test (PTT), and complete blood count (CBC): 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, Preoperative testing, general, Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 state that 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. Middle aged males have known occult increased cardiovascular and pulmonary risk factors. Guideline criteria have been met based on patient age, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.