

<b>Case Number:</b>	CM15-0016622		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 53-year-old female who sustained an industrial injury to her lower back on 8/15/11. She was diagnosed with lumbar spine radiculopathy, acquired spondylolisthesis and chronic intractable axial low back pain. Past medical history was positive for hypertension and elevated body mass index. The 6/16/14 lumbar spine x-rays documented a grade 1 anterolisthesis of L4 on L5 that measured 5 mm and completely reduced on extension. The 11/17/14 lumbar spine MRI documented moderate central canal stenosis at L4/5 secondary to a combination of facet joint and ligamentum flavum hypertrophy. There was disc desiccation at L5/S1 with an annular fissure with disc protrusion contacting the anterior aspect of the thecal sac. The 12/29/14 treating physician report cited continued severe back pain radiating to left leg with diminished sensation at the left L4, L5, and S1 nerve root distribution. Current medications are Gralise, Ibuprofen, and Flector Patch. Physical exam documented reflex change. Surgery was recommended. The injured worker had received authorization to undergo an anterior lumbar interbody fusion at L4-5 with open reduction and posterior spinal fusion with open reduction. The treating physician requested authorization for pre-operative medical clearance, labs, chest x-ray and electrocardiogram (EKG). On January 14, 2015, utilization review denied certification for pre-operative medical clearance, pre-operative chest x-ray and electrocardiogram (EKG). A request for pre-operative labs was modified to include CBC, UA, BUN, PT/PTT, Electrolytes and blood sugar. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **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).

**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.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that 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 females with hypertension have known occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request 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).

**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.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical 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. Guidelines state that an 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. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, hypertension, magnitude of surgical procedure, recumbent position, fluid exchange, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.