

<b>Case Number:</b>	CM15-0131237		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/18/2015
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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:

This injured worker is a 54-year-old male who sustained an industrial injury on 4/18/15. Injury occurred relative to lifting and loading a heavy item. Initial conservative treatment included medications, activity modification, and two epidural steroid injections. Past medical history was negative. Social history was reported positive for smoking 5 cigarettes a day. The 4/24/15 lumbar spine MRI impression documented moderate disc desiccation and disc space narrowing at L5/S1 with a central desiccated 6.0 mm disc protrusion. At L4/5, there was moderate disc desiccation and disc space narrowing with central desiccated 6.6 mm disc protrusion. At L3/4, there was moderate disc desiccation and disc space narrowing with central and left paracentral 7.9 mm disc protrusion, with some disc material in the left lateral recess. The 6/18/15 spine surgery report cited constant low back pain radiating down the left leg, in an L5 radicular pattern. He ambulated hunched over with a cane because standing up aggravates his leg pain and leaning forward alleviates it. Physical exam documented straight leg raise positive on the left, and 4/5 left dorsiflexion, knee extension, and knee flexion weakness. Prior recommendations for multilevel fusion were noted. Epidural steroid injections had not worked. Authorization was requested for left L5/S1 microdiscectomy, laminotomy, and foraminotomy. Authorization was also requested for pre-operative medical clearance consisting of EKG, chest x-ray, and labs: CBC, BMP, UA, PT, and PTT. The 6/25/15 utilization review certified the request for left L5/S1 microdiscectomy, laminotomy, and foraminotomy. The associated surgical service request for pre-operative medical clearance consisting of EKG, chest x-ray, and labs: CBC, CMP, UA, PT,

and PTT, was modified to pre-operative medical clearance consisting of EKG, chest x-ray, labs: CBC, BMP, UA, PT, and PTT as there was no documentation of a complex medical history.

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

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

**Associated surgical services: Pre-operative medical clearance consisting of EKG, chest x-ray, labs: CBC, BMP, UA PT, PTT: 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), pre-operative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.; 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 for pre-operative EKG and chest x-ray based on patient age and smoking status, and these have been certified. The 6/25/15 utilization review modified the request for labs: CBC, CMP, UA, PT, and PTT, to include CBC, BMP, UA, PT, and PTT. Given the negative past medical history, there is no compelling reason to support the medical necessity of a comprehensive metabolic panel (CMP) over a basic metabolic panel (BMP). Therefore, this request is not medically necessary.