

Case Number:	CM15-0148304		
Date Assigned:	08/11/2015	Date of Injury:	01/20/2011
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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 42-year-old male who sustained an industrial injury on 1/20/11. Injury occurred when he was lifting some drywall up stairs and experienced severe low back pain. Past medical history was positive for hypertension, congenital heart valve anomaly, gallbladder rupture from gangrene, gastric bypass, and a history of seizures. He underwent laminotomy and discectomy on the left at L2/3 on 4/22/14. The 7/1/15 treating physician report cited increased lower back pain radiating to the bilateral lower extremities with numbness, left worse than right. He was doing weekly physical therapy but it was no longer helping. He reported that he could only walk 20 yards at a time due to his severe pain, and required a single point cane to make it that far. He reported a fall due to leg numbness and occasionally drags the left lower extremity. Physical exam documented antalgic gait, positive left straight leg raise, and decreased right L2, L3, and primarily left L5 dermatomal sensation. There was 5-/5 left tibialis anterior, extensor hallucis longus and inversion weakness. Imaging showed a right paracentral disc protrusion at L2/3, narrowing the right lateral recess and possible contact of the right L3 nerve root. There was a diffuse annular disc bulge at L4/5 with lateral recess narrowing and mild bilateral foraminal stenosis related to mild facet hypertrophy. At L5/S1, there was a small central disc protrusion without spinal canal stenosis. The plan of care included a microlumbar decompression at left L4/5. Authorization was also requested for pre-op EKG and chest x-ray. The 7/17/15 utilization review non-certified the requests for pre-op EKG and chest x-ray as the patient does not have known risk factors for heart disease or history of cardiopulmonary disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery, American College of Cardiology Foundation.

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 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. Middle-aged males have known occult increased medical/cardiac risk factors to support the medical necessity of pre-procedure EKG. Additionally, this injured worker has a history of cardiac anomalies, hypertension, and a history of seizures. Therefore, this request is medically necessary.

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 Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation, 2006 July, page 33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

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 based on history and physical examination. Middle-aged males have known occult increased medical/cardiac risk factors to support the medical necessity of pre-procedure chest x-ray. Additionally, this injured worker has a history of cardiac anomalies and hypertension. Guideline criteria have been met based on patient age, significant co-morbidities, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.