

<b>Case Number:</b>	CM15-0185734		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/27/1980
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 69 year old male, who sustained an industrial injury on 10/27/80. The injured worker was diagnosed as having post lumbar spine surgery syndrome and lumbar radiculopathy. Treatment to date has included lumbar surgery x5, multiple epidural injections, physical therapy, chiropractic treatment, and medication including Gabapentin, Lyrica, and Cymbalta. On 7-29-15, the injured worker complained of back pain rated as 4-5 of 10. The treatment plan included a spinal cord stimulator trial. On 8-10-15 the treating physician requested authorization for PTT, PT, Westergren sedimentation rate, CMP, urinalysis, urine culture, CBC with differential and platelets, MRSA screen, chest x-rays, an EKG, and thoracic x-rays to determine lead position. On 8-17-15 the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Partial thromboplastin time (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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preoperative lab testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of PT/PTT testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." A review of the medical documentation provided demonstrates that this patient does not have any active medical conditions. He does not take any anticoagulants or have any known bleeding disorders. Thus, based on the submitted medical documentation, medical necessity for PT/PTT testing has not been established.

**Prothrombin time (PT):** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of PT/PTT testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." A review of the medical documentation provided demonstrates that this patient does not have any active medical conditions. He does not take any anticoagulants or have any known bleeding disorders. Thus, based on the submitted medical documentation, medical necessity for PT/PTT testing has not been established.

**Westergren sedimentation rate:** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preoperative lab testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of WSR testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. A western sedimentation rate is not indicated. The patient's symptoms are attributed to exercises performed in a functional rehabilitation program. Pain is reproducible and attributed to a functional cause. Therefore, based on the submitted medical documentation, the request for WSR testing is not-medically necessary.

**Comprehensive metabolic panel (CMP):** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lab Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." This patient has not been documented to have chronic medical diseases, which would affect their hepatic or renal function. Pain is reproducible and attributed to a functional cause, not a metabolic cause. Therefore, based on the submitted medical documentation, the request for CMP testing is not-medically necessary.

**Urinalysis:** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab Testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of UA testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." A review of the medical documentation provided demonstrates that this patient is to have an implanted lead, which is a foreign body. Thus, based on the submitted medical documentation, medical necessity for UA testing has been established.

**Urine culture:** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of UA testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." A review of the medical documentation provided demonstrates that this patient is to have an implanted lead, which is a foreign body. Culture of urine to treat any UTIs prior to implantation is indicated. Thus, based on the submitted medical documentation, medical necessity for urine culture testing has been established.

**CBC with differential and platelets:** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab Testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated." A review of the medical documentation provided demonstrates that this patient is to have a spinal lead placed. The procedure has the potential for excessive perioperative blood loss due to the proximity of spinal and vertebral arteries. Thus, based on the submitted medical documentation, medical necessity for CBC testing has been established.

**MRSA screen:** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Targeted surveillance of methicillin-resistant Staphylococcus aureus and its potential use to guide empiric antibiotic therapy. Harris AD, Furuno JP, Roghmann MC, Johnson JK, Conway LJ, Venezia RA, Standiford HC, Schweizer ML, Hebden JN, Moore AC, Perencevich EN. Antimicrob Agents Chemother. 2010 Aug; 54(8):3143-8.

**Decision rationale:** The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address this topic. Therefore, peer reviewed medical literature was consulted. MRSA Nasal swabs are indicated for diagnosis of MRSA carrier status in patients who are immunocompromised or who have signs and symptoms of chronic infection. Routine swab for MRSA is not indicated in asymptomatic patients. This patient has no history of prior MRSA infection. Evidence of a soft tissue, gram positive infection is not documented in the patient's history and physical exam. Therefore, based on the submitted medical documentation, the request for MRSA nasal swab is not-medically necessary.

**Chest X-rays:** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, preoperative testing, general.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of pre-op orders for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pre-op lab testing. The Occupational Disability Guidelines (ODG) state that: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is performed before surgical procedures." Due to risks of anesthesia associated with chronic lung disease, a CXR is indicated in this case prior to spinal cord stimulator placement. Therefore, based on the submitted medical documentation, the request for pre-operative testing with CXR is medically necessary.

**EKG:** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-operative lab testing.

**Decision rationale:** ECGs are recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. (Fleisher, 2008) (Feely, 2013) (Sousa, 2013) This patient is scheduled for an ambulatory procedure which does not require an ECG without risk factors. The request is not medically necessary.

**Thoracic X-rays to determine lead position:** 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), Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of pre-op orders for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of pre-op lab testing. The Occupational Disability Guidelines(ODG) state that: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is performed before surgical procedures." Since thoracic leads are being placed for this patient's approved spinal cord stimulator, thoracic x-rays are appropriate and indicated to perform implantation. Therefore, based on the submitted medical documentation, the request for pre-operative testing with thoracic x-rays is medically necessary.



