

<b>Case Number:</b>	CM15-0029157		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on 11/1/02. He has reported low back injury due to a fall. The diagnoses have included lumbar spine degenerative disc disease (DDD) and history of diabetes mellitus, hypertension, chronic obstructive pulmonary disease coronary artery disease (CAD) and congestive heart failure. Treatment to date has included medications, Transcutaneous Electrical Nerve Stimulation (TENS) and 9 physical therapy visits which provided minimal improvement. Currently, the injured worker complains of low back pain that radiates down the leg with associated numbness and weakness in the foot. The pain has become debilitating affecting his activities of daily living (ADL's). He ambulates with a cane. He wants to proceed with surgical intervention for treatment. The x-rays of the lumbar spine dated 1/15/15 revealed degenerative scoliosis with instability. The MRI of the lumbar spine dated 1/15/15 revealed severe right and left neuroforaminal narrowing, disc protrusion, facet osteoarthritis, stenosis, and facet arthropathy. The current medications were lisinopril, insulin glargine and humulin, metformin, amlodipine, carvedilol, Lipitor, januvia, gabapentin, Viagra, and tramadol. Physical exam of the lumbar spine revealed difficulty performing both heel and toe walking on the right side. He ambulates with single point cane on the right side. The straight leg raise is positive on the right side for low back pain that radiates down the right leg. He has diminished sensation in both feet due to neuropathy. The urine drug screen dated 12/18/14 was consistent with medications prescribed. There were no documented therapy sessions in the records. Work status was permanent and stationary. On 2/10/15 Utilization Review non-certified a request for Chest x-ray, Echocardiogram, Urinalysis, and

Preoperative laboratory works (complete blood count, comprehensive metabolic panel, prothrombin time, partial prothrombin time, international normalized ratio, and HgbA1C) noting the Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Preoperative testing and general was cited.

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

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

**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 Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology [www.acr.org](http://www.acr.org) ODG Pulmonary Chapter, X-ray.

**Decision rationale:** The patient presents with low back pain that radiates down the leg with associated numbness and weakness in the foot. The request is for CHEST X-RAY. The RFA is not provided. Patient's diagnostic included lumbar spine degenerative disc disease (DDD) and history of diabetes mellitus, hypertension, chronic obstructive pulmonary disease coronary artery disease (CAD) and congestive heart failure. The patient has opted to proceed with surgical intervention for treatment of the low back and leg pain in a form of anterior posterior surgery with open reduction and internal fixation at L3-4, L4-5, and L5-S1 with anterior lumbar interbody fusion at these levels. Patient is permanent and stationary. Regarding pre-op chest X-ray, The American College of Radiology does not recommend routine X-rays when the patient has no pulmonary symptoms with unremarkable history and examination. ([www.acr.org](http://www.acr.org))DG Pulmonary Chapter, X-ray, has the following, Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath. a bad or persistent cough, chest pain or injury and fever. (McLoud, 2006) Treater is requesting medical clearance prior to an impending interventional surgery to address low back and leg pain. Given the patient's diagnosis of hypertension, chronic obstructive pulmonary disease coronary artery disease (CAD), and congestive heart failure, routine X-rays for pre-op evaluation is recommended. The request IS medically necessary.

**Echocardiogram:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Echocardiogram, pre-op evaluation. [www.choosingwisely.org](http://www.choosingwisely.org).

**Decision rationale:** The patient presents with low back pain that radiates down the leg with associated numbness and weakness in the foot. The request is for CHEST X-RAY. The RFA is not provided. Patient's diagnostic included lumbar spine degenerative disc disease (DDD) and history of diabetes mellitus, hypertension, chronic obstructive pulmonary disease coronary artery disease (CAD) and congestive heart failure. The patient has opted to proceed with surgical intervention for treatment of the low back and leg pain in a form of anterior posterior surgery with open reduction and internal fixation at L3-4, L4-5, and L5-S1 with anterior lumbar interbody fusion at these levels. Patient is permanent and stationary. Echocardiogram, pre-op evaluation. [www.choosingwisely.org](http://www.choosingwisely.org) The American Society of Echocardiography recommends, Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease. Perioperative echocardiography is used to clarify signs or symptoms of cardiovascular disease, or to investigate abnormal heart tests. Resting left ventricular (LV) function is not a consistent predictor of perioperative ischemic events; even reduced LV systolic function has poor predictive value for perioperative cardiac events. Avoid using stress echocardiograms on asymptomatic patients who meet low risk scoring criteria for coronary disease. Stress echocardiography is mostly used in symptomatic patients to assist in the diagnosis of obstructive coronary artery disease. There is very little information on using stress echocardiography in asymptomatic individuals for the purposes of cardiovascular risk assessment, as a stand-alone test or in addition to conventional risk factors."Treater is requesting medical clearance prior to an impending interventional surgery to address low back and leg pain. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Echocardiogram is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. The patient has history of diabetes mellitus, hypertension, chronic obstructive pulmonary disease, coronary artery disease (CAD), and congestive heart failure. Furthermore, ODG supports Echocardiogram for patients undergoing high-risk surgery. The request IS 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 Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: Preoperative testing, general.

**Decision rationale:** The patient presents with low back pain that radiates down the leg with associated numbness and weakness in the foot. The request is for URINALYSIS. The RFA is not provided. Patient's diagnostic included lumbar spine degenerative disc disease (DDD) and

history of diabetes mellitus, hypertension, chronic obstructive pulmonary disease, coronary artery disease (CAD), and congestive heart failure. The patient has opted to proceed with surgical intervention for treatment of the low back and leg pain in a form of anterior posterior surgery with open reduction and internal fixation at L3-4, L4-5, and L5-S1 with anterior lumbar interbody fusion at these levels. Patient is permanent and stationary. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is 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." Treater is requesting medical clearance prior to an impending interventional surgery to address low back and leg pain. The guidelines support certain preoperative evaluations including labs, EKG and X-rays for the right patient population with risk factors. In this case, the risk factors provided included diabetes mellitus, hypertension, chronic obstructive pulmonary disease coronary artery disease (CAD) and congestive heart failure. The request IS medically necessary.

**Preoperative laboratory works (complete blood count, comprehensive metabolic panel, prothrombin time, partial prothrombin time, international normalized ratio, and HgbA1C):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic, Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: Preoperative testing, general.

**Decision rationale:** The patient presents with low back pain that radiates down the leg with associated numbness and weakness in the foot. The request is for PREOPERATIVE LABORATORY WORKS (COMPLETE BLOOD COUNT, COMPREHENSIVE METABOLIC PANEL, PROTHROMBIN TIME, PARTIAL PROTHROMBIN TIME, INTERNATIONAL NORMALIZED RATIO, AND HGBA1C). The RFA is not provided. Patient's diagnostic included lumbar spine degenerative disc disease (DDD) and history of diabetes mellitus, hypertension, chronic obstructive pulmonary disease, coronary artery disease (CAD), and congestive heart failure. The patient has opted to proceed with surgical intervention for treatment of the low back and leg pain in a form of anterior posterior surgery with open reduction and internal fixation at L3-4, L4-5, and L5-S1 with anterior lumbar interbody fusion at these levels.

Patient is permanent and stationary. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is 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." Treater is requesting medical clearance prior to an impending interventional surgery to address low back and leg pain. The guidelines support certain pre-operative evaluations including labs, EKG and X-rays for the right patient population with risk factors. In this case, the risk factors provided included diabetes mellitus, hypertension, chronic obstructive pulmonary disease, coronary artery disease (CAD) and congestive heart failure. The request IS medically necessary.