

Case Number:	CM15-0029195		
Date Assigned:	02/23/2015	Date of Injury:	11/01/2002
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	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 56 year old male who sustained an industrial injury on 11/01/2002. Current diagnoses include chronic low back pain and right leg pain, severe paresthesias and dysaesthesias in the buttock and thigh with equivocal weakness right lower extremity. Previous treatments included medication management, and physical therapy. Report dated 01/16/2015 noted that the injured worker presented with complaints that included low back pain with radiation down the right leg with associated numbness and weakness in the foot. Comorbidities included diabetes, hypercholesterolemia, hypertension, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, benign prostatic hyperplasia, and gastrointestinal reflux disease. Physical examination was positive for abnormal findings. Utilization review performed on 02/10/2015 non-certified a prescription for chest x-ray, echocardiogram, urinalysis, and pre-operative laboratory works (complete blood count, comprehensive metabolic profile, prothrombin time, partial prothrombin time, international normalized ration, and Hgb A1C), based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

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- Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.acr.org Official disability guidelines DG 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) 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.

Echo-cardiogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back-Lumbar & Thoracic (Acute & Chronic).

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.

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.orgThe 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 that 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.

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back- Lumbar & Thoracic (Acute & Chronic).

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: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing.

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, and 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 that 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.

Pre-operative laboratory works (complete blood count, comprehensive metabolic panel, prothrombin time, partial prothrombin time, international normalised ratio and HGBA1C): Overtuned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back- Lumbar & Thoracic (Acute & Chronic).

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: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing.

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 hgb1c). 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, Odc-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, and 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 surgeries 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.