

Case Number:	CM15-0213299		
Date Assigned:	11/03/2015	Date of Injury:	04/24/2014
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/29/2015

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 52 year old male, who sustained an industrial injury on 4-24-14. The injured worker was being treated for cervical HNP and lumbar HNP. On 9-30-15, the injured worker complains of continued cervical pain and muscle tightness with radiation and low back pain and muscle tightness. He is currently not working. Physical exam performed on 9-30- 15 revealed spasms and tenderness of cervical and lumbar spine. Treatment to date has included oral medications including Tramadol, Ibuprofen and Tizanidine; and activity modifications. On 10-9-15 request for authorization was submitted for pre-op clearance urinalysis, Chem 7, history, and physical. On 10-15-15 request for pre-op clearance urinalysis, Chem 7 and history and physical was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre operative clearance, History and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter.

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 & Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative lab testing.

Decision rationale: The current request is for pre operative clearance, history and physical. Treatment to date has included oral medications including Tramadol, Ibuprofen and Tizanidine, physical therapy, and activity modifications. The patient is not working. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative lab testing states: "Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." Per report 09/30/15, the patient presents with cervical and low back pain and muscle tightness. Physical examination of the cervical spine revealed spasms, tenderness and positive Spurling's sign. Examination of the lumbar spine revealed spasms, tenderness and positive straight leg raise. The treater recommended an epidural steroid injection and preoperative clearance. In this case, the request is for pre-operative medical clearance prior to the requested epidural steroid injection. The ODG guidelines provide no discussion regarding such testing prior to an injection. Furthermore, per Utilization review dated 10/15/15, the patient was non-certified for the requested ESI. Therefore, the request is not medically necessary.

Pre-op urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter.

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 & Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative lab testing.

Decision rationale: The current request is for pre-op urinalysis. Treatment to date has included oral medications including Tramadol, Ibuprofen and Tizanidine, physical therapy, and activity modifications. The patient is not working. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative lab testing states: "Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia

are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." Per report 09/30/15, the patient presents with cervical and low back pain and muscle tightness. Physical examination of the cervical spine revealed spasms, tenderness and positive Spurling's sign. Examination of the lumbar spine revealed spasms, tenderness and positive straight leg raise. The treater recommended an epidural steroid injection and preoperative clearance, including a urinalysis, and CHEM 7. ODG states, "Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." The current request is for a pre op urinalysis prior to an ESI. Furthermore, per Utilization review dated 10/15/15, the patient was non-certified for the requested ESI. Therefore, the request is not medically necessary.

Pre-op Chem 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter.

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 & Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative lab testing.

Decision rationale: The current request is for pre-op chem 7. Treatment to date has included oral medications including Tramadol, Ibuprofen and Tizanidine, physical therapy, and activity modifications. The patient is not working. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Preoperative lab testing states: "Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." Per report 09/30/15, the patient presents with cervical and low back pain and muscle tightness. Physical examination of the cervical spine revealed spasms, tenderness and positive Spurling's sign. Examination of the lumbar spine revealed spasms, tenderness and positive straight leg raise. The treater recommended an epidural steroid injection and preoperative clearance, including a

urinalysis, and CHEM 7. ODG does support lab testing prior to orthopedic surgery; however, this is a request for pre-op lab work prior to an injection. More importantly, per Utilization review dated 10/15/15, the patient was non-certified for the requested ESI. Therefore, the request is not medically necessary.