

<b>Case Number:</b>	CM15-0031177		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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:

The injured worker is a 63-year-old male who sustained an industrial injury on 7/11/13, relative to a fall from a 4-foot ledge. He underwent L4/5 decompression for neurogenic claudication. Past medical history was positive for diabetes mellitus and former smoking. The 8/27/14 lumbar spine MRI impression documented mild L3/4 central canal stenosis and lateral recess and foraminal narrowing. At L4/5, there was moderate to marked facet hypertrophy, posterior decompression changes, scar tissue about the thecal sac extending into the left lateral recess, and residual disc protrusion causing severe bilateral foraminal narrowing. The 1/29/15 lumbar x-ray report documented no evidence of spondylolisthesis or gross instability on flexion/extension views. The 12/3/14 treating physician report cited continued low back and right lower extremity pain with numbness and tingling. Physical exam documented limited range of motion, normal neurologic exam, positive straight leg raise, normal heel/toe walk and slow gait. He underwent an epidural steroid injection on 1/15/15 with 50% relief of leg and back pain. The 1/29/15 treating physician report cited L4/5 central disc protrusion with radiographic evidence of instability. A right L4/5 transforaminal lumbar interbody fusion. On 2/6/15, utilization review certified the request for right L4/5 transforaminal lumbar interbody fusion with instrumentation, possible blood transfusion, 3 day in-patient stay, assistant surgeon, and pre-operative clearance. The requests for pre-operative labs: CBC, Chem 12, PT, PTT and UA and pre-operative EKG were non-certified based on lack of support for routine laboratory testing and EKG. MTUS ACOEM guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative Labs: CBC, Chem 12, PT, PTT and UA:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 ½ Lumbar & Thoracic: Preoperative lab testing.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines state that decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative urinalysis is recommended for patients undergoing implantation of foreign material. 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. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guideline criteria have been met. This injured worker is 63-year-old with a positive past medical history for diabetes and long-term use of non-steroidal anti-inflammatory drugs. A lumbar interbody fusion and possible blood transfusion have been certified. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, diabetes mellitus, magnitude of surgical procedure, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

**Pre-operative EKG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 ½ Lumbar & Thoracic: Preoperative electrocardiogram (ECG).

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines recommend pre-operative ECG for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs may be reasonable in patients with a history of cerebrovascular disease, diabetes mellitus, or renal insufficiency. Guideline criteria have been met based on patient age, diabetes mellitus, magnitude of surgical procedure, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.