

<b>Case Number:</b>	CM15-0039082		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Internal Medicine

### 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 50-year-old female who sustained an industrial injury on 02/20/2014. Current diagnoses include cervical discopathy, C5-C6 and C6-C7 with radiation to both upper extremities, lumbar degenerative scoliosis, cervicogenic headaches, and bilateral upper extremity numbness and tingling. Previous treatments included medication management and physical therapy. Initial complaints included immediate pain in the neck, in between her shoulder blades, lower back, and knees. Report dated 01/19/2015 noted that the injured worker presented with complaints that included cervical spine, bilateral shoulder, lumbar spine/lower extremity pain with numbness and tingling, increased thyroid dysfunction, and psychological complaints. Pain level was rated as 7-9 out of 10 on the visual analog scale (VAS). Medical history includes thyroid disease. Physical examination was positive for abnormal findings. The treatment plan included artificial disc replacement C5-C7, pre-operative clearance to include consultation, labs, EKG, and chest x-ray, evaluation by a pain management specialist for the lumbar spine, a course of physical therapy for the lumbar spine, evaluation by a neurologist, Norco, cyclobenzaprine, Voltaren XR, and 6 panel urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative clearance: labs (CBC, CMP, PT, PTT, UA), Chest X-ray, EKG:** 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) Preoperative lab testing.

**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) Preoperative testing, general. Institute for Clinical Systems Improvement (ICSI) Perioperative protocol. Health care protocol (2014) <http://www.guideline.gov/content.aspx?id=48408>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address preoperative testing. Official Disability Guidelines (ODG) indicate that 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. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Institute for Clinical Systems Improvement (ICSI) perioperative protocol guideline recommends a comprehensive preoperative basic health assessment for all patients undergoing a diagnostic or therapeutic procedure. Preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. The type and extent of evaluation required should be guided by standard medical practice, focusing on the patient's underlying medical condition and the planned procedure. A perioperative electrocardiogram may be obtained to screen for abnormalities that require further evaluation or that will influence care under anesthesia. The pain management report dated 9/30/14 documented a history of Graves disease, hyperthyroidism, and hypothyroidism. The surgeon's report dated 12/1/14 documented medications Synthroid, Vyvanse, Norco, Lamictal, Xanax, Montelukast, Diclofenac, Flexeril, and Tramadol. The patient had cervical disc disease and lumbar disc disease. The patient has history of adverse drug reactions to Penicillin, Sulfa medications, and Keflex. Utilization review dated 12/23/14 documented certification of cervical spine surgery. Given the patient's multiple medical conditions and medications and the risk of cervical spine surgery, the request for a preoperative testing is supported by ODG and ICSI guidelines. Therefore, the request for preoperative labs (CBC, CMP, PT, PTT, UA), chest X-ray, and EKG is medically necessary.