

Case Number:	CM15-0047587		
Date Assigned:	03/19/2015	Date of Injury:	12/31/2012
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii
 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 (IW) is a 52-year-old female who sustained an industrial injury on 12/31/2012. She reported low back pain. The injured worker was diagnosed as having lumbar sprain/strain; lumbar paraspinal muscle spasms; lumbar disc herniations; lumbar radiculitis/radiculopathy of the lower extremities; sacroiliitis of the left sacroiliac joint; limited range of motion of the left shoulder; and left shoulder internal derangement. Treatment to date has included chiropractic measures, physical therapy, activity restrictions, work modifications, medication management and epidural steroid and sacroiliac joint injections. Currently, the injured worker complains of pain along the low back, left hip and left leg. The plan of care is for surgery and includes a request for authorization for pre-operative medical clearance with chest radiograph (CXR) and lumbar x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance with chest radiograph (CXR) and lumbar x-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Preoperative testing, general; Radiography.

Decision rationale: The patient presents with pain affecting the low back, left hip and left leg. The current request is for Pre-operative medical clearance with chest radiograph (CXR) and lumbar x-rays. The treating physician report dated 1/27/15 (66B) states, "The treatment plan for this patient is as follows: Lumbar decompression and fusion at L4-L5 and decompression at L3-L4." The ODG guidelines have the following regarding pre-operative 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." The ODG also has the following regarding X-rays of the lumbar spine: "Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." In this case, there is no evidence that the patient is at risk of postoperative pulmonary complications in the documents provided for review and no rationale by the physician was provided, that would support the current request for a chest radiograph. Furthermore, there is an absence of red flags in the medical reports provided that would support the request for a lumbar x-ray. The current request does not satisfy the ODG guidelines as outlined in the 'Low Back' chapter. The request is not medically necessary.