MAXIMUS Federal Services

Case Number:	CM15-0049488		
Date Assigned:	03/23/2015	Date of Injury:	04/24/1996
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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 68 year old female with an industrial injury dated April 24, 1996. The injured worker diagnoses include status post lumbar fusion, multilevel laminectomy, sacroiliitis and myofascial pain syndrome. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 2/4/2015, the injured worker reported intermittent low back pain. Physical exam revealed mild pain over the bilateral sacroiliac (SI) joints and multiple trigger points in the paraspinal muscle of the right greater than left lower lumbar spine as well as over the buttocks bilaterally. The treating physician prescribed services for pre-operative medical clearance prior to injection to include H&P, EKG, chest x-ray and labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op medical clearance prior to injection to include H&P, EKG, chest x-ray and labs:
Upheld

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 Chapter, Preoperative Testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Preoperative testing, general.

Decision rationale: This patient has a date of injury of April 24, 1996 and presents with chronic neck and low back pain. The patient is status post multiple cervical and lumbar surgeries, with the last surgery being in June 2012. According to progress report dated February 2, 2015, the patient presents with back and buttocks stiffness with periods of prolong sitting. There was numbness of the left foot and toes noted. The treating physician recommends 10 sessions of physical therapy, a caudal epidural steroid injection and follow up after injection. The current request is for pre-op medical clearance prior to injection to include H&P, EKG, chest x-ray and labs. ODG-TWC, Low Back Lumbar & Thoracic (Acute & Chronic) Chapter discusses medical clearance and 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." The ODG guidelines do not support pre-operative evaluations to determine what is needed for pre-operative assessment. The ODG guidelines provide no discussion regarding such testings prior to an injection. Furthermore, the treating physician provides no discussion regarding this request, nor are there any expressed concerns of the patient being at high risk for complications. The request IS NOT medically necessary.