

<b>Case Number:</b>	CM14-0125635		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old male who reported an injury on 09/04/2012. The mechanism of injury was the injured worker was carrying 100 pounds of dolly track and stepped off on a curb and there was a hole. The hole gave way and the injured worker collapsed with low back pain. The injured worker was noted to be a smoker in early 2014. The injured worker underwent a prior L5-S1 fusion in 2003 and a left knee meniscal surgery in approximately 2007. The injured worker underwent a lumbar CT on 10/11/2012 which revealed 4 mm of anterolisthesis of L5 on S1. There was mild to moderate bilateral facet hypertrophy and arthropathy. There was multilevel discogenic disease most pronounced at L4-5 where a 5 mm bulge was present with concern for a co-existent superimposed protrusion and/or extrusion. The bulge at L4-5 in combination with the mild bilateral facet hypertrophy resulted in mild to moderate neural foraminal stenosis without high grade central canal stenosis. The injured worker underwent an MRI of the lumbar spine on 05/19/2014 which revealed a 4 to 5 mm broad-based central disc protrusion with an annular tear at the L4-5 level as seen by a focus of high signal intensity. It extended into the bilateral neural foramina causing mild to moderate bilateral neural foraminal narrowing, right greater than left. There were hypertrophic facet degenerative changes bilaterally. Additionally, the posterior fusion achieved using bilateral pedicle screws at L5-S1 was present. There was no evidence of canal stenosis or neural foraminal narrowing. The prior treatments were noted to include Flexeril, Naprosyn, Ambien, Norco, home exercises, and physical therapy. The injured worker's examination on 07/09/2014 revealed the injured worker had complaints of severe low back pain. The physical examination revealed the injured worker had severe muscle spasm and tenderness along the lower portion of the back at L4 through S1 as well as the superior iliac crest. Motor strength testing was difficult to assess due to severe pain. The physician documented there did not appear to be any significant neural deficit. The injured

worker had more pain on flexion than extension. The injured worker's range of motion in forward flexion was 30 degrees and extension was 25 degrees. The diagnoses included cervical sprain/strain, cervical spondylosis per x-rays at C5-7, status post bilateral shoulder humeral head replacement hemiarthroplasty, status post spinal fusion L5-S1 with adjacent level disease L4-5, bilateral knee patellofemoral chondromalacia, as well as left-sided knee meniscal flap. The treatment plan included the injured worker should start Norco 10/325 mg, Naprosyn, and Flexeril. The injured worker's pain flare seemed to be getting worse. The physician opined the injured worker had clear signs of facet arthritis as well as an annular tear and broad-based disc protrusion at L4-5. It was noted this was an adjacent level of arthrosis that was the source of the pain. The recommendation was for a spinal fusion. The physician opined the injured worker was an ideal candidate for an extreme lateral fusion at L4-5 with instrumentation. There was a Request for Authorization submitted on 07/16/2014 for the requested procedures and ancillary services.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Preoperative clearance: Medical Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, 18th edition, 2013 updates, Low Back Chapter - Preoperative electrocardiogram (ECG), Preoperative lab testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=.](http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=)

**Decision rationale:** Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review failed to provide support for the surgical intervention. As such, the request for preoperative clearance medical consultation is not medically necessary.

**Preoperative clearance: Labs (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, 18th edition, 2013 updates, Low Back Chapter - Preoperative electrocardiogram (ECG), Preoperative lab testing, general.

**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 Chapter, Preoperative lab testing.

**Decision rationale:** The Official Disability Guidelines indicate the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and

physical examination findings. The clinical documentation submitted for review failed to provide a rationale for the requested laboratory studies. The request as submitted failed to indicate the laboratory testing being requested. The surgical intervention was found to be not medically necessary, the requested preoperative labs would be unnecessary. Given the above, the request for preoperative labs unspecified is not medically necessary.

**Preoperative clearance: EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, 18th edition, 2013 updates, Low Back Chapter - Preoperative electrocardiogram (ECG), Preoperative lab testing, general.

**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 Chapter, Preoperative electrocardiogram (ECG).

**Decision rationale:** The Official Disability Guidelines indicate that preoperative Electrocardiography (EKGs) is recommended for injured workers undergoing high risk surgery or that undergoing intermediate risk surgery who have additional risk factors. The clinical documentation submitted for review failed to provide a documented rationale for the Electrocardiography (EKG). The surgical intervention was found to be not medically necessary. Given the above, the request for preoperative clearance Electrocardiography (EKG) is not medically necessary.

**Preoperative clearance: Chest X-Ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, 18th edition, 2013 updates, Low Back Chapter - Preoperative electrocardiogram (ECG), Preoperative lab testing, general.

**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 Chapter, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines indicate that a chest radiograph is appropriate for injured workers at risk of postoperative pulmonary complications if the result would change perioperative management. There was a lack of documentation indicating a necessity for the x-ray. Additionally, the surgical intervention was found to be not medically necessary. As such, the request for a preoperative clearance chest x-ray is not medically necessary.