

<b>Case Number:</b>	CM13-0052377		
<b>Date Assigned:</b>	05/21/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old male who reported an injury on 10/16/2012. His mechanism of injury was not included. His diagnoses included lumbar radiculopathy, lumbar myofascial spasm and strain, and insomnia secondary to chronic pain. There was an MRI performed of the lumbar spine on 11/09/2012 that indicated significant multilevel degenerative disc disease, degenerative joint disease, neural foraminal stenosis, moderate to severe central canal stenosis, facet arthropathy, and ligamentum flavum hypertrophy. He had failed treatment in the past with transforaminal steroid injections. His medications include Percocet 5/325 mg, Lyrica 100 mg, baclofen, and Ambien 10 mg. His past treatments have included 12 sessions of acupuncture, physical therapy, work modification, and pain medication. The injured worker rated his pain at a 4/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adenosine Stress Test:** 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, Preoperative 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, Preoperative testing, general

**Decision rationale:** The request for an adenosine stress test is not medically necessary. The injured worker has a history of hypertension, dyslipidemia and diabetes mellitus. The Official Disability Guidelines state Preoperative testing may include chest radiography, electrocardiography, laboratory testing, and urinalysis. 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, which could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. 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 latest AHRQ comparative effectiveness research on the benefits and harms of routine preoperative testing, concludes that, except for cataract surgery, there is insufficient evidence comparing routine and per-protocol testing. The injured worker had lumbar surgery pending. There is a lack of documentation regarding this type of clearance being needed for this surgery. Therefore, the request for adenosine stress test is not medically necessary.