

<b>Case Number:</b>	CM14-0155420		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/31/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. 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: Preventive Medicine, Occupational 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 54-year-old male, with a reported date of injury of 05/31/2008. The diagnoses include chronic pain syndrome, lumbar herniated nucleus pulposus with right L5 radiculopathy, lumbar spine musculoligamentous sprain/strain, and right shoulder sprain. Treatments to date have included oral medication, an MRI of the right shoulder on 01/05/2012, an MRI of the right knee on 01/05/2012, electrodiagnostic studies, an MRI of the lumbar spine on 11/17/2011 which showed posterior disc protrusion, epidural injections for the lumbar spine, x-rays of the lumbar spine and right shoulder, and physical therapy. The Doctor's First Report dated 08/08/2014 is a poor quality copy and handwritten. The report was somewhat illegible. It was indicated that the injured worker had right shoulder pain, rated 6 out of 10; back pain, rated 9 out of 10; and right leg pain, rated 8 out of 10 with tingling. The objective findings include positive straight leg raise test, and decreased range of motion. The treating physician requested a chest x-ray. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chest X-ray x1:** 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 Updated 08/22/2014 Pre Operative 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 Section.

**Decision rationale:** MTUS Guidelines do not address preoperative testing therefore other guidelines were consulted. Per ODG 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. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. 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. 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. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown. There is a request for back surgery for the injured worker that is pending. Until that request is approved, the need for a preoperative chest x-ray is not established. The request for chest X-ray x1 is not determined to be medically necessary.