

<b>Case Number:</b>	CM14-0218077		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 21 year old female with a date of injury as 03/21/2014. The cause of the injury occurred while the worker was lifting a box of bananas and felt a sharp pull in the back. The current diagnoses include sciatica due to displacement of lumbar disc. Previous treatments include medications, physical therapy, transforaminal epidural steroid injection right L5-S1 on 08/25/2014, chiropractic treatment, and activity modification. Primary treating physician's reports dated 06/04/2014 through 11/26/2014, first report of occupational injury or illness dated 03/23/2014, MRI of the lumbar spine dated 07/08/2014, radiographic imaging of the lumbar spine dated 06/26/2014, work status reports, and physical therapy/occupational progress notes were included in the documentation submitted for review. Report dated 11/26/2014 noted that the injured worker presented with complaints that included low back pain and right leg pain. The pain is described as burning, sharp, and severe. It was noted that the injured worker has attended physical therapy but she felt that the therapy was aggravating her symptoms. The transforaminal injection caused an increase of pain for two weeks following the injection, which she followed up for chiropractic treatment which improved her pain. MRI of the lumbar spine performed on 07/08/2014 shows a right paracentral disc protrusion at L5/S1 with resultant compression of the right S1 nerve root. The treating physician felt that due to her continued pain, failure of conservative treatments, and MRI findings she would be a candidate for a microdiscectomy procedure. Physical examination revealed positive seated straight leg raise on the right, antalgic gait, tenderness in the sciatic notch on the right, right L5 paresthesia, and right sided S1 distribution has radicular pain. The injured worker's past medical history did not indicate any

significant co-morbidities. The injured worker is on modified work restrictions. The utilization review performed on 12/18/2014 non-certified a prescription for pre-operative medical clearance (history and physical, EKG, chest X-ray, and labs) due to the denial of the requested surgical procedure being deemed not medically necessary, then the request for the pre-operative medical clearance is also deemed not medically necessary. The reviewer referenced the California MTUS in making this decision.

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

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

**Pre-op Medical Clearance: History and Physical (H&P), EKG, Chest X-ray, 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 (ODG), Low Back Chapter, Preoperative electrocardiogram (ECG), Preop lab testing, 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 Lab Testing

**Decision rationale:** Per ODG TWC, "preoperative lab testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." Criteria for Preoperative lab testing:- Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material.- Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management.- A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated.- Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The documentation submitted for review indicates that the requested right L5-S1 microdiscectomy was not certified. As the requested surgical procedure was not medically necessary, preoperative medical clearance is not medically necessary.