

<b>Case Number:</b>	CM14-0059509		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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

Certification(s)/Specialty: Emergency 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 49-year old male, who sustained an industrial injury on 7/23/2007. The diagnoses have included L3-4 1mm intraforaminal disc osteophyte complex, L4-5 2mm right intraforaminal disc osteophyte complex with mass effect on the right transiting nerve root with facet arthropathy and L5-S1 3mm circumferential disc osteophyte complex with moderate disc height loss, moderate facet arthropathy and moderate bilateral foraminal narrowing. Treatment to date has included physical therapy, epidural steroid injection (ESI) and medications. According to the initial neurosurgical consult report dated 3/8/2014, the injured worker complained of frequent cervical spine pain that radiated from the neck to the right and left upper extremities into the hands. He complained of continuous pain on the low back radiating to the bilateral lower extremities to the heel of the feet. Palpation of the cervical spine elicited tenderness and spasms; range of motion was limited. Palpation of the lumbar spine elicited tenderness of the paralumbar muscles bilaterally. Lumbar range of motion was limited by pain in all directions. Heel and toe walking were difficult and limited by pain. X-rays of the lumbar spine done at this visit revealed grade 1 spondylolisthesis at L5-S1. Authorization was requested for lumbar surgery. It was noted that the injured worker would require cervical surgery in the future. The physician noted that based on the injured worker's history, numbness and paralysis on the face and legs and suspicion for a stroke, authorization was requested for preoperative clearance which should include a lipid panel, stress test and carotid ultrasound. On 4/2/2014, Utilization Review (UR) non-certified a request for preoperative clearance to include lipid panel, stress test and carotid ultrasound. The Medical Treatment Utilization Schedule (MTUS) was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PRE-OPERATIVE CLEARANCE TO INCLUDE LIPID PANEL, STRESS TEST, AND CAROTID ULTRASOUND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Low Back - Preoperative Testing General Fleisher, LA, et. al. CLINICAL PRACTICE GUIDELINE; 2014 ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Noncardiac Surgery. JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY. VOL. 64, NO. 22, 2014

**Decision rationale:** The request is for pre-operative assessment with lipid panel, cardiac stress testing, and ultrasound of the carotid arteries, prior to proposed lumbar surgery. The ACOEM section of the MTUS guidelines suggests that patients with comorbid conditions, such as cardiac or respiratory disease, diabetes, or mental illness, may be poor candidates for surgery. This is not only for perioperative morbidity and mortality, but also because following surgery, exercise is much better than manipulation for rehabilitation, and the injured worker should be able to engage in a physical medicine program. However, the MTUS guidelines does not specify when pre-operative testing is indicated. For this reason, both the Official Disability Guidelines, Low Back - Preoperative Testing General and the American College of Cardiology, Clinical Practice Guidelines, guidelines on perioperative cardiovascular evaluation were referenced. The physician notes available for review stated "based on the patient's history, numbness and paralysis on the face and legs, and suspicion for stroke, including a family history of cardiovascular disease, authorization is being request for preoperative clearance which should include a lipid panel, stress test, and carotid ultrasound." While perioperative risk assessment is necessary prior to an elective procedure, there is nothing within the documentation available for review that demarcates the injured worker at increased cardiovascular risk. Although the functional capacity of the disabled worker is difficult to measure in terms of metabolic equivalents, the injured worker does not meet criteria for increased cardiovascular risk, and does not have any risk factors other than a family history of cardiovascular disease. While preoperative clearance may be indicated, it is not clear that the injured worker specifically requires cardiac stress testing without any documented history of diabetes, hypertension, tobacco use, previous myocardial infarction, heart failure, dyspnea, or valvular heart disease. If concern persists, the treating physician may consider preoperative cardiac clearance from a cardiologist to determine necessary preoperative testing. Lipid panel testing is not supported. A carotid ultrasound may be considered in the diagnostic workup following documented cerebrovascular accident or transient ischemic attack, but it is not supported prior to lumbar surgery. The request is not supported by the ODG and American College of Cardiology guidelines, and therefore is not medically necessary.