

Case Number:	CM15-0008029		
Date Assigned:	01/26/2015	Date of Injury:	07/28/2000
Decision Date:	03/13/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 51-year-old male, with a reported date of injury of 07/28/2000. The diagnoses include degenerative lumbar disc, and lumbar facet syndrome. Treatments have included intrathecal therapy with morphine and clonidine. An intra-theal pump was surgically placed on 12-12-2013. The progress report dated 12/09/2014 indicates that the injured worker complained of low back pain and headaches. The injured worker stated that the headaches may have been related to intrathecal clonidine. He presented for a pharmacological re-evaluation, pump analysis, refill, and programming. The injured worker was pleased with his clinical response to intrathecal therapy and required no other adjunctive opioids at that time. The low back pain was achy and slight to moderate. Documentation indicates that the injured worker had no history of high blood pressure or angina. An examination of the low back showed normal range of motion and a normal neurological examination. The treating physician requested one chest x-ray and one electrocardiogram (EKG) on a pre-operative basis. On 01/08/2015, Utilization Review (UR) denied the retrospective request for one (1) chest x-ray and one (1) electrocardiogram (EKG), noting that the medical records do not indicate any objective findings that would need a chest x-ray, and the records indicate that the injured worker was not over age 55 and did not have a history of smoking, high blood pressure, or angina. The Non-MTUS Institute for Clinical Systems Improvement, the Non-MTUS American College of Physicians, the Non-MTUS American College of Radiology, and the Non-MTUS American College of Cardiology Foundation was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chest X-Ray, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative Evaluation. Bloomington (MN): 2006 Jul. page 33. American College of Physicians - Medical Specialty Society. 2006, April 18

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back

Decision rationale: 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. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. In this instance, the medical record does not indicate a risk for post-operative pulmonary complications potentially from an intra-thecal pump implant. Therefore, one retrospective chest x-ray was not medically necessary.

Retrospective EKG, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative Evaluation. Bloomington (MN); 2006, July, page 33

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back

Decision rationale: Low Risk Surgical Procedures:- These are defined as procedures with low risk (with reported cardiac risk generally less than 1%), and they include: Endoscopic procedures; Superficial procedures; Cataract surgery; Breast surgery; & Ambulatory surgery. ECGs are not indicated for low risk procedures. The injured worker does not have cardiac risk factors which would place him in a higher operative risk category. Therefore, 1 retrospective EKG was not medically necessary.

