

Case Number:	CM15-0011034		
Date Assigned:	01/28/2015	Date of Injury:	01/03/2006
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male who sustained a work related injury to his cervical spine and bilateral shoulders while working as a rescue boat lieutenant on January 3, 2006. The patient is status post C5-C6 anterior discectomy and fusion and multiple (four) thoracic outlet surgeries (no dates noted), a radical discectomy of C3-C4 on November 13, 2008, and a posterior instrumented fusion of cervical spine at C3-C4 for a salvage artificial disk replacement on October 25, 2012. Past medical history was positive for ulcerative colitis. In November 2013, the injured worker underwent a left shoulder decompression and rotator cuff repair. The injured worker was authorized for a posterior cervical spine fusion C3-C7 due to persistent burning and chronic neck pain. Current medications are listed as Hydrocodone and Folic Acid. Treatment modalities consisted of multiple surgical interventions, physical therapy, pain management, epidural steroid injections (ESIs), selective nerve root blocks at C3-4, and swimming exercises. The treating physician requested authorization for preoperative history & physical, electrocardiogram (EKG) and laboratory studies. On December 22, 2014, the Utilization Review modified the certification to complete blood count (CBC), basic metabolic panel, and coagulation panel only. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative History & Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.guideline.gov/content.aspx?id=48408> Perioperative protocol. Health care protocol. Bibliographic Source(s)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

Decision rationale: The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process. A medical clearance has not been requested. Pre-operative testing has been addressed separately. Therefore, this request for pre-operative history and physical is not medically necessary.

Preoperative Laboratories: 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 (updated 11/21/14) Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. The 12/22/14 utilization review modified this request and approved labs to include complete blood count, basic metabolic panel and coagulation panel. There is no compelling reason to support the medical necessity of additional and unspecified lab testing. Therefore, this request for pre-operative labs is not medically necessary.

Preoperative Electrocardiogram (EKG): Overturned

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 (updated 11/21/14) Preoperative Electrocardiogram (ECG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged males have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request for pre-operative electrocardiogram (EKG) is medically necessary.