

<b>Case Number:</b>	CM15-0115318		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/26/2009
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: California

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 58 year old female who sustained an industrial injury on 1/26/09. The mechanism of injury is unclear. She currently complains of neck and low back pain. Her pain level is 6/10 with medications and 9/10 without medications. Medications decrease her pain and increase function. On physical exam there was tenderness in the paravertebral muscles of the lumbar spine with hypertonicity; tenderness at the right sciatic notch and over the posterior right thigh along the course of the sciatic nerve; decreased range of motion of the cervical and lumbar spine with pain. Medications are hydrocodone/APAP, citalopram, Xanax. Diagnoses include displacement of lumbar disc without myelopathy; degeneration of the lumbar spine; cervicalgia; lumbago; degeneration of the cervical spine. Treatments to date include lumbar epidural steroid injections X3 with 50-80% relief. On 5/11/15, Utilization Review evaluated requests for pre-operative laboratory testing for spinal cord stimulator system expiant (removal); chest x-ray; nasal polymerase chain reaction test for methicillin-resistant staphylococcus aureus; complete blood count; hematocrit; hemoglobin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative Labs for authorized spinal cord stimulator system removal: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACC/AHA 2007, Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery; National Guidelines Clearinghouse: Preoperative evaluation, Perioperative Basic Health Assessment.

**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 testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a 58-year-old diabetic female. The request does not specify which labs are requested. Therefore, the determination is for non-certification. The request is not medically necessary.

#### **Pre-operative Chest X-ray: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACC/AHA 2007, Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery; National Guidelines Clearinghouse: Preoperative evaluation, Perioperative Basic Health Assessment.

**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 testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a diabetic 58 year old without pulmonary disease concerning to warrant preoperative Chest X-ray prior to the proposed surgical procedure. Therefore the determination is for non-certification. The request is not medically necessary.

**Pre-operative Nasal PCR (polymerase chain reaction) test for MRSA (Methicillin-Resistant Staphylococcus aureus): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACC/AHA 2007, Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery; National Guidelines Clearinghouse: Preoperative evaluation, Perioperative Basic Health Assessment.

**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 testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a 58 year old without evidence of MRSA undergoing removal of spinal cord implant. Therefore preoperative nasal PCR test for MRSA is not indicated prior to the proposed surgical procedure. Therefore the determination is for non-certification. The request is not medically necessary.

**Pre-operative CBC (complete blood count): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACC/AHA 2007, Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery; National Guidelines Clearinghouse: Preoperative evaluation, Perioperative Basic Health Assessment.

**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 testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a diabetic 58 year old without evidence of anemia or physical examination findings concerning to warrant preoperative CBC prior to the proposed surgical procedure. Therefore the determination is for non-certification. The request is not medically necessary.

**Pre-operative Hematocrit Lab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACC/AHA 2007, Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery; National Guidelines Clearinghouse: Preoperative evaluation, Perioperative Basic Health Assessment.

**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 testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a diabetic 58 year old without evidence of anemia or physical examination findings concerning to warrant preoperative hematocrit prior to the proposed surgical procedure. Therefore the determination is for non-certification. The request is not medically necessary.

**Pre-Operative Hemoglobin Lab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACC/AHA 2007, Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery; National Guidelines Clearinghouse: Preoperative evaluation, Perioperative Basic Health Assessment.

**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 testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a diabetic 58 year old without evidence of anemia or physical examination findings concerning to warrant preoperative hemoglobin lab prior to the proposed surgical procedure. Therefore the determination is for non-certification. The request is not medically necessary.