

<b>Case Number:</b>	CM15-0118920		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/22/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New York, West Virginia, Pennsylvania  
 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 37 year old male, who sustained an industrial injury on 06/22/2014. He has reported injury to the low back. The diagnoses have included L5-S1 disc herniation with neural foraminal narrowing; lumbar spinal stenosis; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, acupuncture, and physical therapy. Medications have included Advil, Norco, Flexeril, and Gabapentin. A progress note from the treating physician, dated 05/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain and left leg complaints; constant and severe back pain which is worsening with time; the pain is rated at 10/10 on the pain scale; the pain is so severe that he wants surgery; he has pins and needles and numbness in his low back; he has pain, numbness, and tingling to the left lower extremity that occasionally travels down to the toes; the pain is severely affecting his quality of life; his activity level is limited due to his pain; the pain makes it difficult to sleep and he sleeps two hours per night; this causes him to fatigue very quickly and be tired throughout the day; he has last worked on 04/24/2015; and he is currently taking Norco up to four times per day, which gives him about 30-50% pain relief. It is noted in the documentation that the injured worker has had 10 visits of acupuncture, which did not help, and 10 visits of physical therapy, which did not help. Objective findings included mildly antalgic gait; decreased sensation at the left S1 dermatome; motor strength is 4+/5; and straight leg raise on the left causes pain down the left leg to the calf. The treatment plan has included a microlumbar decompressive surgery on the left at L5-S1. Request is being made for pre-operative medical consultation; pre-operative electrocardiogram (EKG); pre-operative chest x-

ray; pre-operative labs: basic metabolic profile; pre-operative labs: complete blood count (CBC); pre-operative labs: urine analysis (UA); and follow up visit in six weeks.

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

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

#### **Pre-operative medical consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Preoperative testing, AHRQ guideline on the anesthesia evaluation.

**Decision rationale:** Guidelines state that preoperative testing should not be ordered routinely. Preoperative tests may be ordered for purposes of guiding or optimizing preoperative management. The indications for such testing should be documented and based on information from the medical records, patient interview, physical exam and type of procedure. In this case, the claimant does not have any risk factors that would indicate the need for preoperative medical consultation. Therefore, the requested treatment is not medically necessary.

#### **Pre-operative electrocardiogram (EKG): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality's (AHRQ) guideline on the anesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Preoperative testing, AHRQ guideline on the anesthesia evaluation.

**Decision rationale:** Guidelines state that preoperative testing should not be ordered routinely. Preoperative tests may be ordered for purposes of guiding or optimizing preoperative management. The indications for such testing should be documented and based on information from the medical records, patient interview, physical exam and type of procedure. In this case, the claimant does not have any risk factors such as cardiocirculatory disease or respiratory disease that would indicate the need for preoperative EKG testing. Therefore, the requested treatment is not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality's (AHRQ) guideline on the anesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Preoperative testing, AHRQ guideline on the anesthesia evaluation.

**Decision rationale:** Guidelines state that preoperative testing should not be ordered routinely. Preoperative tests may be ordered for purposes of guiding or optimizing preoperative management. The indications for such testing should be documented and based on information from the medical records, patient interview, physical exam and type of procedure. In this case, the claimant does not have any risk factors such as respiratory disease that would indicate the need for preoperative chest x-ray. Therefore, the requested treatment is not medically necessary.

**Pre-operative labs: Basic metabolic profile:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality's (AHRQ) guideline on the anesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Preoperative testing, AHRQ guideline on the anesthesia evaluation.

**Decision rationale:** Guidelines state that preoperative testing should not be ordered routinely. Preoperative tests may be ordered for purposes of guiding or optimizing preoperative management. The indications for such testing should be documented and based on information from the medical records, patient interview, physical exam and type of procedure. In this case, the claimant does not have any risk factors that would indicate the need for preoperative testing of basic metabolic profile. Therefore, the requested treatment is not medically necessary.

**Pre-operative labs: Complete blood count (CBC):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality's (AHRQ) guideline on the anesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Preoperative testing, AHRQ guideline on the anesthesia evaluation.

**Decision rationale:** Guidelines state that preoperative testing should not be ordered routinely. Preoperative tests may be ordered for purposes of guiding or optimizing preoperative management. The indications for such testing should be documented and based on information from the medical records, patient interview, physical exam and type of procedure. In this case,

the claimant does not have any risk factors that would indicate the need for preoperative CBC testing. Therefore, the requested treatment is not medically necessary.

**Pre-operative labs: Urine analysis (UA): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality's (AHRQ) guideline on the anesthesia evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Preoperative testing, AHRQ guideline on the anesthesia evaluation.

**Decision rationale:** Guidelines state that preoperative testing should not be ordered routinely. Preoperative tests may be ordered for purposes of guiding or optimizing preoperative management. The indications for such testing should be documented and based on information from the medical records, patient interview, physical exam and type of procedure. In this case, the claimant does not have any risk factors that would indicate the need for preoperative urinalysis testing. Therefore, the requested treatment is not medically necessary.

**Follow up visit in six weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Preoperative testing, AHRQ guideline on the anesthesia evaluation.

**Decision rationale:** Guidelines state that preoperative testing should not be ordered routinely. Preoperative tests may be ordered for purposes of guiding or optimizing preoperative management. The indications for such testing should be documented and based on information from the medical records, patient interview, physical exam and type of procedure. In this case, the claimant does not have any risk factors that would indicate the need for a follow up visit in 6 weeks. Therefore, the requested treatment is not medically necessary.