

<b>Case Number:</b>	CM15-0175174		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/25/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Montana, California  
Certification(s)/Specialty: Neurological 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 53 year old male, who sustained an industrial injury on 06-25-2015. The injured worker is currently able to return to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for C3-C4 central disc herniation. Treatment and diagnostics to date has included cervical spine MRI, lumbar corset, and medications. Medications have included Tramadol. In a progress note dated 07-25-2015, the injured worker reported pain in right lower extremity, coccyx, and neck. Objective findings included limited cervical spine range of motion with reproduction of his right sided neck pain with rotation to the right. The treating physician noted that the cervical spine MRI "demonstrates a central disc herniation at the C3-C4 level with evidence of cord deformation at that level". The request for authorization dated 07-25-2015 requested C3-C4 anterior cervical discectomy and fusion, preoperative laboratory evaluations, chest x-ray, electrocardiogram, and history and physical, and postoperative physical therapy x 6 sessions. The Utilization Review with a decision date of 08-05-2015 denied the request for preoperative laboratory evaluations: PT, PTT, and CMP, chest x-ray, urinalysis, electrocardiogram, and history and physical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative labs: PT/PTT: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative lab testing.

**Decision rationale:** The ODG guidelines note that Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Documentation does not show any of these conditions. The requested treatment: Pre-operative labs: PT/PTT is not medically necessary or appropriate.

**Pre-operative labs: CMP: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative lab testing.

**Decision rationale:** The ODG Guidelines note that Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. Documentation does not disclose any of these conditions. The requested treatment: Pre-operative labs: CMP is not medically necessary or appropriate.

**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 Official Disability Guidelines (ODG) Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative lab testing, general.

**Decision rationale:** The ODG guidelines note that Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Documentation does not provide any of this evidence. The requested treatment: Pre-operative: Chest X-ray is not medically necessary or appropriate.

**Pre-operative Urinalysis: 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative lab testing.

**Decision rationale:** The ODG guidelines note that Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Documentation provides evidence for this case in the cervical surgery. The requested treatment: Pre-operative Urinalysis is medically necessary and appropriate.

**Pre-operative EKG:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Preoperative electrocardiogram (ECG).

**Decision rationale:** The ODG guidelines note that Preoperative electrocardiogram (ECG) 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. The requested treatment: Pre-operative EKG is not medically necessary or appropriate because documentation does not supply any evidence of the above.

**Pre-operative History and Physical:** 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 Official Disability Guidelines (ODG) Spinal fusion Chapter-Preoperative testing, general.

**Decision rationale:** The ODG guidelines indicate an alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown. The documentation does not provide evidence to support selective testing found on a routine history and physical exam. The requested treatment: Pre-operative History and Physical is not medically necessary or appropriate.

