

<b>Case Number:</b>	CM15-0060519		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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:

Injury was reported to the low back while pulling hangers. Past medical history was reported as negative. The 11/11/14 lumbar spine MRI impression documented a 2-3 mm disc bulge at L4/5 with moderate facet hypertrophy and mild left foraminal narrowing. There was a tiny right distal foraminal synovial cyst which effaced but did not compress the right L4 nerve root far laterally. At L3/4, there was a 3-4 mm anterolisthesis of L3 on L4, and a 2 mm disc bulge with mild facet hypertrophy. There was a 2-3 mm left foraminal protrusion with partial annular tear with mild left neuroforaminal narrowing. At L2/3, there was a 3-4 mm disc bulge with osteophyte with slight neuroforaminal narrowing bilaterally. At L5/S1, there was mild left foraminal narrowing from an asymmetric disc bulge. The 2/19/15 treating physician report documented prior conservative treatment consisting of physical therapy, chiropractic treatment, and medications. He had several lumbar epidural injections which did not provide relief. Physical exam documented right leg antalgic gait, ability to toe/heel walk, and painful and restricted lumbar range of motion. Lumbar x-rays were taken and showed disc collapse at L2/3, low grade anterolisthesis at L4/5, and lumbar spondylosis. MRI was reviewed. Electrodiagnostic studies showed moderate right L5 central nerve root dysfunction with bilateral S1 radiculopathy. The diagnosis was low-grade anterolisthesis at L3/4 and L4/5 with facet arthropathy, history of L4/5 herniation, lumbar radiculopathy, and L2/3 disc collapse. The treatment plan recommended the patient undergo a decompression and instrumented fusion at L2/3, L3/4, and L4/5 to complete an anterior lumbar interbody fusion from a far lateral right sided retroperitoneal approach with a posterior decompression and instrumented fusion. The treating physician report opined the need

for a wide decompression with facetectomies at each level which will destabilize the spine and necessitate fusion. The 2/27/15 utilization review non-certified the request for 2-stage lumbar spine surgery due to the lack of neurologic symptoms, minimal stenosis and mild degenerative changes on imaging, and no evidence of instability. The 3/6/15 treating physician report appeal letter indicated that the injured worker had scoliosis and listhesis which suggested instability and met the criteria for surgery. The 3/17/15 utilization review non-certified the request for pre-operative medical clearance including blood work, EKG, and chest x-ray as the associated surgical procedure was not medically necessary.

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

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

#### **Pre-op medical clearance blood work: 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for pre-anesthesia evaluation.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance or blood work. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. 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. Middle-aged males have known occult increased medical/cardiac risk factors, which would typically support pre-operative medical clearance. Although basic lab testing is typically supported, the medical necessity of the non-specific lab testing requested could not be established. Additionally, there is no evidence that the associated surgery was found medically necessary. Therefore, this request is not medically necessary.

#### **Pre-op 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for pre-anesthesia evaluation.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that 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. Middle-aged males have known occult increased medical/cardiac risk factors which would typically support pre-op EKG. However, there is no evidence that the associated surgery was found medically necessary. Therefore, this request is not medically necessary.

**Pre-op 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Middle-aged males have known occult increased medical/cardiopulmonary risk factors, which would typically support pre-op chest x-ray. However, there is no evidence that the associated surgery was found medically necessary. Therefore, this request is not medically necessary.