

Case Number:	CM15-0065253		
Date Assigned:	04/13/2015	Date of Injury:	08/26/2009
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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 54-year-old male who sustained an industrial injury on 8/26/09. Injury occurred when he slipped descending a ladder, and fell to the ground at a distance of 3 feet, injuring his back and left foot. Past medical history was positive for depression and hepatitis A and B. Past surgical history was positive for left ankle tenosynovectomy with tendon debridement and repair on 7/23/10, and L5/S1 microdiscectomy on 1/10/12. The 2/24/15 lumbar spine MRI impression documented multilevel disc desiccation. At L4/5, there was an asymmetric 4 mm circumferential disc bulge with severe right and moderate left neuroforaminal narrowing and encroachment on the exiting right nerve root. At L5/S1, there was a 4-5 mm circumferential disc bulge with annular fissure. There was severe right and moderate left neuroforaminal narrowing and encroachment on the exiting right nerve root. The 3/19/15 treating physician report cited increased back pain. There was diminished sensation over the right posterolateral calf to the top of the foot. Motor strength was intact. Straight leg raise was positive bilaterally. The injured worker had failed comprehensive conservative treatment. Imaging showed increased nerve compression. A request was submitted by for L4/5 and L5/S1 lumbar decompression with one-day inpatient length of stay, post-op physical therapy 3x4, intraoperative monitoring, outpatient medical clearance, complete blood count (CBC), basic metabolic panel (BMP), and prothrombin time (PT)/partial thromboplastin time (PTT). The 3/24/15 utilization review recommended certification of lumbar decompression at L4/5 and L5/S1 with one-day inpatient length of stay, post-op physical therapy 3x4, and intraoperative monitoring. The requests for outpatient medical clearance and CBC, BMP, and PT/PTT were non-certified as there is no

medical condition that requires specialist pre-operative clearance and routine laboratory testing is no longer considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associate Surgical Service: Outpatient medical clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, co-morbidities, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associate Surgical Service: Outpatient complete blood count and basic metabolic panel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 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. Guidelines have been met based on patient age and chronic liver disease. Therefore, this request is medically necessary.

Associate Surgical Service: Outpatient prothrombin time/partial thromboplastin time: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Guidelines have been met based on patient age and chronic liver disease. Therefore, this request is medically necessary.