

<b>Case Number:</b>	CM15-0071602		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/08/2009
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New York  
 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 35 year old male who sustained an industrial injury on 4/8/09. The injured worker reported symptoms in the back and bilateral lower extremities. The injured worker was diagnosed as having facet arthropathy of the lumbar spine and herniated nucleus pulposus lumbar spine L2-3 and L3-4 with mild to moderate stenosis. Non-orthopedic medical conditions include gastritis, headaches, non-specific urologic conditions and intermittent anxiety and depression. Treatments to date have included oral pain medication, status post lumbar fusion (11/2/10), proton pump inhibitor, analgesics, nonsteroidal anti-inflammatory drugs, and physical therapy. There has previously been a request for removal of hardware from lumbar fusion. These requests have not been approved. The current request is for pre-operative clearance and testing. It is unclear from the records what surgery is requiring a pre-operative evaluation. The current work status was permanent and stationary. On 3/31/2015 Utilization Review non-certified request for pre-operative medicine clearance, EKG, chest radiograph, pre-op labs, Diclofenac and Tramadol/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medicine consult: Pre op clearance: 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) Low back.

**Decision rationale:** CA MTUS is silent on this topic. ODG discusses pre-operative testing and medical clearance. According to ODG, "preoperative testing 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." The IW does not have any medical diagnoses, conditions, or complaints other than those related to orthopedic considerations documented in the chart. The reviewed documents do not support medical conditions that would elevate this IW surgical risk and therefore there are no indications to support an independent premedical clearance examination and testing. The request is not medically necessary.

**Pre-Operative EKG:** 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) low back.

**Decision rationale:** CA MTUS guidelines are silent on this topic. ODG guidelines recommend pre-operative electrocardiograms for people undergoing high-risk surgery or those with medium risk surgery and other health risk factors. ODG further defines low risk procedures as those that are typically done in an ambulatory setting. The IW does not have any co-morbid conditions that elevate cardiovascular risk factors. The intended surgery is not clear from the record. The request for pre-operative electrocardiography is not medically necessary.

**Chest Xray:** 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) low back: preoperative testing, general.

**Decision rationale:** CA MTUS is silent on this topic. The above referenced ODG guideline supports pre-operative testing, such as a chest radiograph, if it is used to "risk stratify, direct anesthetic choices and guide pre-operative management." The guidelines further state that testing should be guided based on the "patient's clinical history, comorbidities, and physical examination findings." Specifically, chest radiographs are recommended for individuals with risk for peri-operative pulmonary complications. The IW does not have any diagnosis for pulmonary disease

process nor medications directed at treatment for such conditions. There are no physical examination findings documented that suggest pulmonary disease or discussion of such concern. Without this supporting documentation, request for a pre-operative chest radiograph is not medically necessary.

**Pre-op labs:** 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) Low Back.

**Decision rationale:** CA MTUS is silent on this topic. ODG discusses pre-operative testing and medical clearance. According to ODG, "preoperative testing 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." The IW does not have any medical diagnoses, conditions, or complaints other than those related to orthopedic considerations documented in the chart. The reviewed documents do not support medical conditions that would elevate this IW surgical risk and therefore there are no indications to support an independent premedical clearance examination and testing. The expectant surgery is not clear from the records. The request for pre-operative labs include a large spectrum of studies. Not all are indicated for pre-operative evaluation. Without the above details, the request is not medically necessary.