

<b>Case Number:</b>	CM15-0076508		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Minnesota, Florida  
 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 55 year old male, who sustained an industrial injury on 3/8/2011. He reported a low back, neck and right shoulder injury after a slip and fall. The injured worker was diagnosed as having lumbosacral sprain/strain, discopathy L5-S1 with annular tear at L4-L5, left knee contusion, status post prior knee arthroscopy, cervical sprain/strain with spondylosis multiple levels with radiation into both shoulders and upper extremities, bilateral shoulder sprain/strain with presumed impingement, bilateral elbow sprain/strain, and triceps tendinosis. Treatment to date has included medications, x-ray, and physical therapy. The request is for pre-operative medical clearance (labs, electrocardiogram, and chest x-ray). The records indicate the primary treating physician to report he reached maximum medical improvement on a PR-2 dated 12/17/2014. On 3/11/2015, he complained of low back pain with radiation into the lower extremities. The treatment plan included: surgery. Utilization review non-certified the surgery request on 4/1/2015. Since the surgery was not medically necessary, the associated surgical requests for pre-operative labs, EKG and Chest x-ray were also non-certified. ODG guidelines were cited. The available records do not indicate surgery has been certified thus far. However, the preoperative labs, EKG, and Chest x-ray have been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre op medical clearance (Labs, EKG, 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, Low Back Chapter, Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Pre-operative testing, general, Pre-operative electrocardiogram, Preoperative lab testing.

**Decision rationale:** ODG guidelines indicate preoperative laboratory testing in the presence of comorbidities. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose him to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes A1c testing is recommended only if the results will change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The injured worker has significant comorbidities including a history of diabetes, hypertension, hypercholesterolemia, and use of medications. As such, in light of the intermediate risk surgery and risk of complications, including blood loss, and significant intravenous fluid exchange, the preoperative laboratory studies are appropriate and medically necessary. Preoperative electrocardiogram is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Anterior and posterior lumbosacral fusion is an intermediate risk surgery. A history of associated diabetes mellitus combined with an intermediate risk procedure necessitates an EKG. With regard to the chest x-ray the guidelines state that chest radiography is reasonable for patients and risk of postoperative pulmonary complications if the results would change perioperative management. The patient is undergoing anterior and posterior fusion at 2 levels. The risk of postoperative pulmonary complications is significant. As such, the request for the preoperative chest x-ray is reasonable. Based upon the above, the request for preoperative labs, EKG, and chest x-ray is necessitated by the type of surgery, the age, and presence of comorbidities in this case such as hypercholesterolemia, hypertension, and diabetes. However, the documentation provided to date does not indicate that the fusion procedure has been approved. The utilization review decision of April 1, 2015 indicates that the surgery was noncertified. Therefore, the preoperative testing is also not medically necessary until the surgery is certified first.