

<b>Case Number:</b>	CM15-0076674		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: California  
 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 52 year old female, who sustained an industrial injury on 2/14/03. The injured worker has complaints of cervical, lumbar, shoulders sprain/strain pain. The documentation noted on 1/8/15 noted that the injured worker has been vomiting due to withdrawal symptoms from decreasing her dose of oxycodone. The diagnoses have included chronic pain syndrome, unchanged; discogenic disease, cervical, unchanged and cervical, lumbar, shoulders sprain/strain, unchanged. Treatment to date has included physical therapy; cervical fusion; urine drug screen on 1/8/15 was positive for opiates, Oxycodone and Benzodiazepines and the documentation noted she had used some left over Norco she had at home and physical therapy. The request was for pre-operative physical examination; one pre-operative laboratory workup and one pre-operative electrocardiogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative physical examination:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Low Back Chapter, as well as the Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

**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-Lumbar and Thoracic, Preoperative testing, general.

**Decision rationale:** There are no appropriate sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. As per Official Disability Guide, The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patient has extensive surgical history but only has noted hypothyroid as a medical illness. There is no documentation as to why a physical exam/clearance needs to be done that cannot be done by anesthesiology preoperative assessment. There is also no documentation of any surgical approval. Preoperative physical exam is not medically necessary.

**One pre-operative laboratory workup:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, as well as the Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

**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-Lumbar and Thoracic, Preoperative lab testing.

**Decision rationale:** There are no appropriate sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. As per Official Disability Guide, lab testing may be considered under specific conditions. There is no documentation of any risks or illness that indicates the need for preoperative testing. The requested procedure has no documentation of being approved. Preoperative laboratory testing is not medically necessary.

**One preoperative electrocardiogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, as well as the Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

**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-Lumbar and Thoracic, Preoperative electrocardiogram (ECG).

**Decision rationale:** There are no appropriate sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. As per Official Disability Guide, electrocardiogram may be considered under specific conditions. There is no documentation of any risks or illness that

indicates the need for ECG. Patient also has documented ECGs done in the past with no documentation of any concerns or need for another separate ECG. The requested procedure has no documentation of being approved. ECG is not medically necessary.