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| Case Number: | CM15-0077568 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 04/07/2014 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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 57-year-old male who sustained an industrial injury on 4/7/14. Injury occurred when he was dumping a trash can into a larger trash bin. Past medical history was negative. Conservative treatment had included physical therapy, chiropractic, medications, activity modification, and epidural steroid injection without sustained improvement. The 6/10/14 lumbar spine MRI demonstrated an L4/5 disc bulge with annular fissure that caused moderate to severe foraminal narrowing and moderate canal stenosis with effacement of the CSF space surrounding the transiting nerve roots. There was prominent facet hypertrophy and ligamentum redundancy. At L4/5, there was a disc bulge and facet hypertrophy that caused moderate foraminal narrowing. The 3/18/15 treating physician report cited constant severe low back pain radiating into the left leg. The injured worker felt like he was dragging his left leg. He had been off work for one year. Physical exam documented 4/5 right extensor hallucis longus, 4/5 left hip abductor, and 5-/5 left extensor hallucis longus weakness. Sensation was decreased over the left L5 dermatome. Straight leg raise was positive on the left. The diagnosis was L4/5 spondylolisthesis and stenosis with L5 radiculopathy. X-rays demonstrated a dynamic spondylolisthesis at L4/5. MRI showed spondylolisthesis at L4/5, and significant L4/5 central and lateral recess stenosis and severe facet arthropathy. The treatment plan recommended lateral and positive lumbar fusion (DLIF/PLF) with laminectomy at L4/5. The 3/27/15 utilization review certified the request for DLIF/PLF at L4/5. The request for a pre-operative visit with the PA-C with chest x-ray was non-certified as routine pre-op chest x-ray was not supported and there was no rationale as to what this provider would contribute by a pre-operative visit. The

request for medical clearance with an internist, including EKG and unspecified lab studies was non-certified as there was no documentation of a medical condition that would require clearance and routine pre-op testing was no longer considered medically necessary. The request for a post-operative walker was non-certified as there was no rationale to support the medical necessity of this durable medical equipment for a healthy 57-year-old man.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Medical Clearance with Treating Physician to Include EKG and Labs: 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).

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; 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 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. 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. Guideline criteria would be met for medical clearance, including a pre-op EKG, based on the injured worker's age, magnitude of surgical procedure, recumbent position, fluid exchange, and the risks of undergoing anesthesia. However, although basic lab testing is typically supported for patients of similar age and co-morbidities, the medical necessity of the non-specific lab testing requested could not be established. Therefore, this request is not medically necessary.

Pre-Op Visit with Treating Physician to Include Chest X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.; Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

Decision rationale: The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guideline criteria would be met for a pre-op chest x-ray based on the injured worker's age, magnitude of surgical procedure, recumbent position, fluid exchange, and the risks of undergoing anesthesia. However, there is no compelling reason to support the medical necessity of a separate certification for an additional pre-op visit. Therefore, this request is not medically necessary.

Associated Surgical Service: Purchase of DME of A Walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not specifically address the use of walkers in low back complaints. The ACOEM guidelines recommend limited restriction of activity to avoid deconditioning. The ODG states that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. Pre-operative difficulty was documented with ambulation secondary to lower extremity weakness and dragging of the left leg. The use of a walker seems reasonable to allow for safe early post-operative mobility with reduced pain. Therefore, this request is medically necessary.