

<b>Case Number:</b>	CM15-0091135		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	09/30/1999
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Pediatrics, Internal 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 46-year-old female, who sustained an industrial injury on 09/30/1999. She has reported injury to the low back. The diagnoses have included chronic pain syndrome; lumbosacral neuritis; status post fusion L5-S1, on 02/07/2008; and post-laminectomy syndrome, lumbar. Treatment to date has included medications, diagnostics, ice, epidural steroid injection, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, massage therapy, physical therapy, spinal cord stimulator implantation, and surgical intervention. Medications have included Lyrica, Savella, Ibuprofen, Cymbalta, Percocet, Vistaril, Dilaudid, and Protonix. A progress report from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of unchanged pain in the lumbar spine; pain is rated at 8/10 on the pain scale; unchanged pain in the left buttock/leg/foot, rated at 8/10 on the pain scale; and unchanged pain in the right leg, rated at 7/10 on the pain scale. Objective findings included tenderness to palpation over the right/left lumbar facets; right/left paravertebral thoracic spasm; right/left paravertebral lumbar spasm; right/left sacroiliac joint spasm; decreased lumbar range of motion; and tenderness over the generator site. The treatment plan has included spinal cord stimulator laminotomy, revision/removal of current leads and battery replacement. Request is being made for pre-operative medical clearance; pre-operative labs: PT (protime), PTT (partial thromboplastin time); pre-operative EKG (electrocardiogram); pre-operative PFA (platelet function analyzer); pre-operative chest x-ray; and pre-operative CMP (comprehensive metabolic panel).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance:** Overturned

**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 Chapter, Preoperative testing, general.

**Decision rationale:** An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, is unknown. This request is medically reasonable.

**Pre-op labs: PT, PTT:** 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 Chapter, Preoperative testing, general.

**Decision rationale:** Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. A preoperative evaluation would be medically necessary. However, screening PT and PTT are not medically necessary as the IW had no medical history or symptoms that would indicate need for such testing. This request is not medically necessary.

**Pre-op 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 Chapter, Preoperative testing, general.

**Decision rationale:** Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. A preoperative evaluation would be medically necessary. However, screening EKG is not medically necessary as the IW had no medical history or symptoms that would indicate need for such testing. This request is not medically necessary.

**Pre-op PFA:** 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 Chapter, Preoperative testing, general.

**Decision rationale:** Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. A preoperative evaluation would be medically necessary. However, screening PFA is not medically necessary as the IW had no medical history or symptoms that would indicate need for such testing. This request is not medically necessary.

**Pre-op Chest X-ray:** 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 Chapter, Preoperative testing, general.

**Decision rationale:** Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. A preoperative evaluation would be medically necessary. However, screening CXR is not medically necessary as the IW had no medical history or symptoms that would indicate need for such testing. This request is not medically necessary.

**Pre-op CMP:** 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 Chapter, Preoperative testing, general.

**Decision rationale:** Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. A preoperative evaluation would be medically necessary. However, screening CMP is not medically necessary as the IW had no medical history or symptoms that would indicate need for such testing. This request is not medically necessary.