

Case Number:	CM15-0093046		
Date Assigned:	05/19/2015	Date of Injury:	08/21/2012
Decision Date:	06/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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 56-year-old female who sustained an industrial injury on 8/21/12, relative to a slip and fall. The 1/15/14 lumbar spine MRI impression documented disc desiccation throughout the spine. AT L3/4, there was a diffuse disc protrusion compression the thecal sac. The spinal canal was compromised, and there was bilateral neuroforaminal narrowing that encroached the right and effaced the left L3 exiting nerve roots. At L4/5, there was a central focal disc extrusion with caudal migration indenting the thecal sac. The spinal canal was compromised, and there was bilateral neuroforaminal narrowing that effaced the bilateral L4 exiting nerve roots. At L5/S1, there was a central focal disc protrusion indenting the thecal sac. The L5 exiting nerve roots were unremarkable. The 2/19/15 bilateral lower extremity electrodiagnostic study evidenced bilateral S1 radiculopathies, diabetic polyneuropathy, and lumbosacral plexopathy with an L5/S1 radiculopathy. The 4/27/15 treating physician report cited intractable grade 7/10 low back pain radiating into the lower extremities, right greater than left. Symptoms had persisted despite anti-inflammatory medications, analgesics, activity modification, and exercise. Significant functional difficulty was noted in activities of daily living. Physical exam documented normal range of motion, diminished bilateral L5 and S1 sensation, diminished L5 and S1 motor function, and 1/2 bilateral lower extremity deep tendon reflexes. MRI demonstrated degenerative spondylolisthesis of L4/5 with degenerative disc disease at facet arthritis anterior L3/4 and L4/5, lateral listhesis of the L4/5 level, and lateral recess and neuroforaminal stenosis at L3/4 and L4/5. Lumbar x-rays showed degenerative spondylosis and lumbarized first sacral vertebra with bilateral degenerative pars defects at the

L4/5. Surgery was recommended to include bilateral L4-S1 posterior spinal decompression, neural foraminal decompression, and instrumentation and fusion. The 5/6/15 utilization review certified a request for bilateral L4-S1 posterior spinal decompression, neural foraminal decompression, and instrumentation and fusion with a 3-day inpatient stay, and assistant surgeon. The request for pre-operative testing including complete blood count (CBC), urinalysis (UA), culture and sensitivity (CS), prothrombin time (PT), partial thromboplastin time (PTT), basic metabolic panel (BMP), methicillin-resistant Staphylococcus aureus (MRSA) swab, chest x-ray (CXR), and electrocardiogram (EKG), was modified to a pre-operative urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Testing Including CBC, UA, CS, PT, PTT, BMP, MRSA Swab, CXR, EKG:
Overturned

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 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.

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. 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 have been met for the requested pre-operative lab testing based on patient age, long-term use of non-steroidal anti-inflammatory drugs, the possibility of diabetes mellitus based on electrodiagnostic testing, magnitude of surgical procedure, recumbent position, fluid exchange, and the risks of undergoing anesthesia. Middle-aged females have known occult increased cardiovascular and cardiopulmonary risk factors to support the medical necessity of a pre-procedure chest x-ray and EKG. Therefore, this request is medically necessary.

Associated Surgical Service: Softec Lumbo Back Brace: 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 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control and stability is reasonable and supported by guidelines. Therefore, this request is medically necessary.