

SENT VIA EMAIL OR FAX ON  
Jun/15/2012

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/07/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Pre-Op Cardiac clearance and stress thallium testing for lumbar fusion

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Anesthesiology

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Upheld - no clinical indication for stress Thallium testing

Overturned- pre-operative cardiac clearance is overturned and recommended as medically necessary

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Request for IRO dated 05/25/12

Utilization review determination dated 05/01/12

Utilization review determination dated 05/23/12

Clinical records Dr. dated 10/04/11

Clinical records Dr. dated 10/08/11

Treatment records DC

MRI lumbar spine 10/20/11

EMG/NCV 10/26/11

Peer review Dr. dated 11/05/11, 11/13/11

Clinical records Dr. dated 11/23/11-05/16/11

Clinic note Dr. dated 12/02/11

EMG/NCV dated 12/16/11

Procedure report lumbar epidural steroid injection dated 02/03/12

Preoperative psychological evaluation dated 03/09/12

Carrier submission dated 06/01/12

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have developed low back pain while performing CPR training. The claimant's current medications include Hydrocodone 5/325, Flexeril 10 mg, and Relafen 500 mg. MRI of lumbar spine reveals severe facet hypertrophy at L1-2 and L5-S1 with severe changes at L2-3, L3-4. There is grade I spondylolisthesis at L3 on L4, severe degenerative joint disease and multiple levels of stenosis. The claimant's treatment to date includes oral medications, physical therapy, and epidural steroid injections. The claimant has undergone preoperative psychological evaluation and was subsequently cleared for surgery. She has been certified for posterior spinal fusion from L3-5 and TLIF at L3-4 and L4-5. The request is for cardiac clearance and stress Thallium stress study.

The initial request for pre-operative clearance and Thallium stress testing was submitted on 05/01/12 and reviewed by Dr. who non-certified the request noting that the claimant has been approved for surgical intervention. She notes that there is no documentation that the claimant is considered to be an intermediate risk (diabetes) stable coronary artery disease, compensated heart failure to support the medical necessity of the requested stress Thallium testing. She subsequently recommends a partial certification for pre-operative cardiac clearance. However, given the inability to make contact with the requesting provider to provide a modification the request was non-certified. A subsequent appeal review was performed by Dr. on 05/23/12 who non-certified the request and upholds the prior determination noting that the use of invasive and non-invasive pre-operative testing should be limited to those circumstances in which the results of such tests will clearly affect patient management. He notes that review of the patient history notes a negative cardiac history including negative subjective complaints in review of systems. He notes that the worker does not have a history of diabetes or any other cardiac risk factors that would place her at a high surgical risk requiring stress Thallium test.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The request for pre-operative cardiac clearance and stress Thallium testing for lumbar fusion is partially overturned. The submitted clinical records indicate that the claimant has been approved to undergo an extensive lumbar fusion. There would clearly be an indication for pre-operative cardiac clearance to consist of laboratory studies and EKG. However there is no clinical indication for stress Thallium testing as the claimant has no risk factors. Should there be abnormalities on a cardiac clearance then additional testing would be a consideration at that time. At present the request would be considered excessive in the clinical circumstances and therefore a partial approval for pre-operative cardiac clearance is recommended as medically necessary.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**