

<b>Case Number:</b>	CM13-0014498		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	06/04/2008
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66-year-old female who reported an injury on 06/04/2008. The mechanism of injury was not provided. The progress report dated 06/27/2013 indicated the injured worker was status post lumbar epidural steroid injection based injection with good relief. Upon examination of the lumbar spine, flexion was 45 degrees, extension 15 degrees, bending 20 degrees bilaterally. Lasegue's test was positive. There was hypoesthesia at the anterolateral aspect of the foot and ankle of incomplete nature at the L5-S1 dermatomal distribution. There was weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. The diagnosis provided with lumbar disc herniation with radiculitis/radiculopathy status post epidural steroid based injection on 05/22/2013 with about 55% to 60% pain improvement with reduction of the need for pain medication. The treatment plan included the injured worker was to undergo a second series of injections. The request for internal medicine evaluation for surgical clearance was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERNAL MEDICINE PER-OPERATIVE EVALUATION:** 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 6, 163

**Decision rationale:** The request for internal medicine preoperative evaluation is non-certified. The California MTUS/ACOEM Guidelines state that consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The records submitted for review indicated the injured worker would be undergoing a second series of epidural steroid injections. The records submitted for review failed to include documentation of the injured worker's medical history or comorbidities to warrant an internal medicine pre-operative evaluation. As such, the request for an internal medicine pre-operative evaluation is not supported. Therefore, the request is non-certified.