

<b>Case Number:</b>	CM13-0021544		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation 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 patient is a 40-year-old male who reported an injury on 08/01/2011. The patient is currently diagnosed with left-sided herniated disc at L4-5 and L5-S1. The patient was seen by [REDACTED] on 09/12/2013. The patient reported ongoing low back pain with radicular symptoms into the left lower extremity. Physical examination revealed positive straight leg raising, L4-5 and L5-S1 radiculopathy, numbness and tingling in the L4-5 and L5-S1 distribution, decreased sensation, and decreased strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OPERATIVE MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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, Pre-operative testing.

**Decision rationale:** The Official Disability Guidelines state that preoperative testing, including chest radiography, laboratory testing, and echocardiography, is often performed before a surgical procedure. The decision to order pre-operative tests should be guided by the patient's clinical

history, comorbidities, and physical examination findings. As per the clinical notes submitted, there is no documentation of a significant medical history or any comorbidities. Based on the clinical information received, the requested pre-operative medical clearance is not medically necessary or appropriate.