

Case Number:	CM13-0026143		
Date Assigned:	11/22/2013	Date of Injury:	06/02/1997
Decision Date:	04/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 physician 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 53-year-old male who reported an injury on 06/02/1997. The patient was reportedly injured when a 4 x 8 steel plate accidentally tipped off of an overhead storage and landed on him. The patient is currently diagnosed with severe degenerative disc disease with spinal stenosis at the T10-11 level, status post posterior cervical fusion, disc protrusion at T5-6, spinal cord compression, and severe degenerative disc disease in the lumbar spine. The patient was seen by [REDACTED] on 08/29/2013. The patient reported constant and severe pain in the neck and upper, mid, and low back. Physical examination revealed flattening of the lumbar lordosis without scoliosis, moderate tenderness to palpation, 2+ spasm, diminished range of motion, and positive straight leg raising on the left. Treatment recommendations included authorization for a posterior lumbar laminectomy and discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRE-OPERATIVE LAB WORK FOR PLANNED LUMBAR SPINE FUSION AS AN OUTPATIENT: 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 Lab Testing.

Decision rationale: Official Disability Guidelines state preoperative lab testing is recommended for specific indications. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, the patient does not maintain a significant medical history with comorbidities that would warrant the need for preoperative lab testing. Additionally noted, there is no indication that this patient's surgical procedure has been authorized. Based on the clinical information received, the request is not medically necessary.