

Case Number:	CM13-0037181		
Date Assigned:	01/03/2014	Date of Injury:	04/24/2007
Decision Date:	05/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 04/24/2007. The mechanism of injury was not provided. Current diagnoses include L5-S1 lumbar pseudarthrosis, remote fusion with pseudarthrosis, retained loosened anterior interbody cage at L5-S1, and lumbar radiculopathy. The injured worker was evaluated on 08/19/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. It is noted that the injured worker has undergone a previous anterior-posterior decompression and fusion at L5-S1 followed by removal of hardware. Physical examination revealed a slow and antalgic gait, tenderness to palpation, limited lumbar range of motion, positive straight leg raising, and no motor deficits. X-rays obtained in the office on that date indicated a grade 1 isthmic spondylolisthesis at L5-S1. Treatment recommendations included a revision surgery to include anterior discectomy and fusion with removal of the loose anterior interbody cage.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE CARDIOLOGY CONSULTATION WITH STRESS TEST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing Section

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The Official Disability Guidelines (ODG) state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. As per the documentation submitted, there is no evidence of a history of angina or cardiopulmonary disease. The injured worker has been previously authorized for a preoperative EKG and is pending the results of this testing. Therefore, the medical necessity of a cardiology consultation with additional testing has not been established. As such, the request for pre-operative cardiology consultation with stress test is non-certified.