

Case Number:	CM13-0045935		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2011
Decision Date:	11/05/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 35-year-old male who reported injury on 08/15/2011. The mechanism of injury was not included. The diagnoses included back pain, lumbar radiculopathy, lumbosacral spondylosis without myelopathy, post laminectomy syndrome, spinal stenosis with neurogenic claudication, lumbar degenerative disc disease, and spinal stenosis without neurogenic claudication. The past treatments included an epidural steroid injection at L5-S1. The surgical history included a lumbar spine surgery in 10/2011, and a posterior spinal fusion and laminectomy at L4-S1 on 11/19/2013. A lumbar MRI, dated 07/29/2014, revealed no recurrent or residual disc bulges or protrusions. The progress note, dated 09/17/2014, noted the injured worker complained of pain across the lumbar spine, with numbness and tingling, rated 5/10. The injured worker denied other limb or joint pain. The physical exam revealed tenderness to palpation of the bilateral lumbar paraspinal muscles, slightly decreased lumbar range of motion, and a positive straight leg raise test to the left side. The motor strength was documented as 5/5 to the bilateral lower extremities, and sensation was noted to be decreased on the left L5 dermatome. The medications included Ultram 50 mg 1 tablet to 2 tablets every 8 hours as needed for pain. The treatment plan recommended NSAIDs and a home exercise program, and discussed treatment options including waiting until 12 months postop prior to considering a revision surgery for his left lower extremity symptoms. The Request for Authorization form was submitted for review on 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative cardiac clearance: 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, Preoperative testing, general

Decision rationale: The request for preoperative cardiac clearance is not medically necessary. The injured worker had low back pain, rated 5/10, radiating down his left lower extremity. The injured worker had back surgery on 11/19/2013, and has no indication of cardiovascular dysfunction and no documented cardiovascular assessment. The Official Disability Guidelines state preoperative testing is often performed before surgical procedures; however, these investigations are often obtained due to protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no indication as to when the injured worker is scheduled to have surgery. There is no indication of a risk of cardiovascular complications or current cardiovascular dysfunction. Due to the lack of indication of planned surgical intervention, and the lack of documentation of a cardiovascular assessment indicating risk factors, the need for a preoperative cardiac clearance is not supported at this time. Therefore, the request is not medically necessary.