

<b>Case Number:</b>	CM13-0064432		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Spinal Surgeon and is licensed to practice in New York. 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:

Patient is a male with chronic low back pain. His date of birth is May 15, 1977. On physical examination he has painful range of motion lumbar spine. Sensation is decreased in the left thigh and right calf. MRI the lumbar spine from 2013 shows severe bilateral L5 nerve root impingement and bilateral L5 pars defects with grade 1 spondylolisthesis. His L4-5 annular tear. Patient is diagnosed with L5 spondylolysis and grade 1 spondylolisthesis L5-S1. Patient has been recommended for L5-S1 laminectomy and posterior fusion surgery. At issue is whether preoperative medical clearance is medically necessary. Patient is a male with chronic low back pain. His date of birth is May 15, 1977. On physical examination he has painful range of motion lumbar spine. Sensation is decreased in the left thigh and right calf. MRI the lumbar spine from 2013 shows severe bilateral L5 nerve root impingement and bilateral L5 pars defects with grade 1 spondylolisthesis. His L4-5 annular tear. Patient is diagnosed with L5 spondylolysis and grade 1 spondylolisthesis L5-S1. Patient has been recommended for L5-S1 laminectomy and posterior fusion surgery. At issue is whether preoperative medical clearance is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PREOPERATIVE MEDICAL 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 Other Medical Treatment Guideline or Medical Evidence: gov.content. pre op evaluation.

**Decision rationale:** Preoperative evaluation is not medically necessary in this young relatively healthy patient and no significant past medical history. Guidelines do not want preoperative clearance evaluation in this patient who is at no increased risk for cardiac or other medical complication with a relatively straightforward lumbar decompression surgical fusion surgery procedure. Guidelines for preoperative evaluation not met. Therefore the request is not medically necessary.

**PREOPERATIVE LABS (CBC, BMP, PT, EKG):** 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 Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter.

**Decision rationale:** This patient is relatively young and healthy. Guidelines do not indicate that preoperative labs are medically necessary in this patient without significant past medical history who does not have any risks factors for medical complication with this relatively straightforward single level decompression and fusion lumbar surgery. Preoperative labs or not medically necessary.