

Case Number:	CM13-0065755		
Date Assigned:	01/03/2014	Date of Injury:	11/21/2011
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 42 year old female who was injured on 11/21/2011. The mechanism of injury is unknown. Prior treatment history has included medication, therapy, and epidural steroid injection. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 02/18/2013 revealed disc desiccation, mild loss of disc height dorsally, and a 4 mm broad central/left paracentral protrusion at the L5-S1 level, which comes in close proximity to the left central S1 nerve root but does not posteriorly displace the nerve root; previously the protrusion measured 5 mm in AP dimension on the prior MRI of 03/05/2012; It also showed a mild hypertrophy of the facet joints at the L4-L5 and L5-S1 levels, which is unchanged compared to the prior MRI on 03/05/2012. PR2 dated orthopedic follow-up evaluation dated 11/14/2013 indicates she continues to have discomfort and pain in the low back area with radiation down the leg. There is numbness and tingling down the leg. On examination of the lumbar spine, range of motion exhibits forward flexion to 35 degrees; extension to 0 degrees; right lateral bend to 5 degrees; left lateral bend to 5 degrees; right rotation to 5 degrees; left rotation to 5 degrees. There is pain toward terminal range of motion. There is no paraspinal musculature tenderness to palpation. There is no tenderness to palpation of the spinous processes. There is no paraspinal spasm. There are no palpable abnormalities; sciatic notch is positive; PSIS is nontender bilaterally. Neurological exam revealed negative Romberg test. Motor exam is 5/5 bilaterally in all muscle groups. DTRs are 2 bilaterally in the patellar; Achilles is 1 bilaterally; Plantar flexion response (negative) bilaterally. Sensory exam is decreased in the S1 dermatome. The patient is recommended a lumbar discectomy at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE OP MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 - Lumbar & Thoracic (Acute And Chronic), Preoperative Electrocardiogram (ECG), Preoperative Lab Testing, Preoperative Testing, General.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. As per ODG, pre-operative clearance is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. In this case, this patient has been authorized for L5-S1 lumbar laminectomy and discectomy, and therefore the medical necessity has been established.