

Case Number:	CM13-0066074		
Date Assigned:	03/03/2014	Date of Injury:	08/27/2010
Decision Date:	06/12/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 51-year-old female with a date of injury of 08/27/2010. The listed diagnoses per [REDACTED] are Schmorl's node of lumbar region; Spondylosis of unspecified site without myelopathy; and Spondylosis of lumbosacral region. According to the report dated 10/21/2013 by [REDACTED], the patient presents with continued low back pain. The patient states his condition is slowly worsening. The treating physician reports the bilateral L3 and L4 laminectomy previously requested was denied. The treating physician feels another request for the lumbar surgery should be authorized. The treating physician argues the patient has positive MRI findings and electrodiagnostic studies and the patient continues to get worse. Treatment plan includes "another request for lumbar surgery," medications and medical clearance. Request for Authorization dated 10/21/2013 requests pre-op clearance including x-ray, PFT, EKG, labs-CBC, hepatic panel, chem. 12, PT, PTT and UA. Utilization review denied the request for preoperative medical clearance on 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE MEDICAL CLEARANCE WITH [REDACTED] INCLUDING CHEST XRAY, PFT, EKG, LABS-CBC, HEPATIC PANEL, CHEM12, PT, PTT AND UA: Upheld

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).

Decision rationale: For preoperative testing, Official Disability Guidelines (ODG) recommends preop lab testing for preoperative urinalysis, electrolyte and creatine testing, random glucose testing, and complete blood count. Pre-operative clearance would be indicated if the patient was to undergo surgery. This patient presents with chronic low back pain. The treating physician is requesting preoperative medical clearance for previously requested laminectomy. Medical records indicate that this patient has not been approved for the fusion surgery. Therefore, the request for pre-operative medical clearance with [REDACTED] including chest x-ray, PFT, EKG, labs-CBC, hepatic panel, Chem12, PT, PTT and UA, are not medically necessary and appropriate.