

Case Number:	CM13-0066139		
Date Assigned:	01/03/2014	Date of Injury:	12/06/2007
Decision Date:	10/01/2014	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 is licensed to practice in Illinois. 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 55 year old male who reported a date of injury of 12/06/2007. The mechanism of injury was reported as a fall. The injured worker had diagnoses of lumbosacral sprain/strain with radiculopathy of the left lower extremity with progressive neural deterioration, disc herniation and moderate spinal stenosis. Prior treatments included physical therapy and the use of a TENS unit. The injured worker had a MRI of the lumbar spine on 06/07/2013. Surgeries were not indicated within the medical records received. The injured worker had complaints of left lower extremity radicular pain and, weakness and pain in the lower back. The clinical note dated 10/21/2013 noted the injured worker ambulated with the use of a cane, had a positive straight leg raise on the left side and persistent weakness. Medications were not indicated within the medical records received. The treatment plan included the physician's recommendation for surgical decompression L4-5 and L5-S1 with discectomy left side L5-S1. The rationale was not indicated within the medical records received. The request for authorization form was dated 11/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CHEST X-RAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back, Preoperative testing, general.

Decision rationale: The request for a preoperative chest x-ray is not medically necessary. The injured worker had complaints of left lower extremity radicular pain and weakness and pain in the lower back. The clinical note dated 10/21/2013 indicated the injured worker wanted to proceed with a previously approved surgery of decompression of the L4-5 and L5-S1 with discectomy. The Official disability guidelines indicate chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. There is a lack of documentation which indicates the injured worker is at risk of postoperative pulmonary complications. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.