

Case Number:	CM13-0068042		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2011
Decision Date:	05/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/18/2013

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 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:

The patient is a female with a date of injury of August 14, 2011. The patient complains of back pain radiating into the lower extremities mostly on the right side. The patient also has pain in the left foot. The physical examination reveals tenderness to the paraspinal muscles in the lumbar spine. There is decreased range of motion but spinal motion. Straight leg raising test is positive bilaterally. Sensation was decreased to light touch over the right lateral and anterior thigh. The patient has been diagnosed with degenerative disc condition and disc herniation. An MRI of the lumbar spine from April 2013 shows disc degeneration L3-4 and there is an L3-4 disc protrusion on the left there is also 4 mm disc protrusion at L4-5. The Electrodiagnostic studies from May 2013 suggest chronic L5 nerve irritation bilaterally. The patient had epidural steroid injections and fell 20% worse after the injection. The patient has had physical therapy with slight improvement is also acupuncture and the patient is performing home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE SURGICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>
Guideline Title: Preoperative Evaluation

Decision rationale: A preoperative medical clearance is not medically necessary in this patient prior to L3-4 microdiscectomy surgery. Specifically, the medical records do not document significant medical comorbidities that would warrant preoperative clearance. We will there is no documentation of any medical issues that would substantiate the need for preoperative clearance. Lumbar discectomy surgery is a routine relatively short operation with minimal blood loss. The need for preoperative clearance in patients without evidence of significant medical comorbidities has not been established. The request is not medically necessary or appropriate.