

<b>Case Number:</b>	CM13-0071336		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Internal Medicine and is licensed to practice in Arizona. 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 56year old man with a medical history of hypertension and GERD with a work-related injury dated 4/12/11 resulting in chronic upper extremity, left hip, upper and lower back pain. The injured worker was evaluated on 10/14/13 by an orthopedic physician and a surgical procedure was planned due to chronic low back pain with failure of conservative care. The requested procedure is lumbosacral fusion at L4-S1 level anterior and posterior with 3 day inpatient stay. Due to the requested surgery the primary provider requested pre-operative medical clearance. Utilization review denied pre-operative clearance on 12/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL CLEARANCE:** Upheld

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

**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 (Acute And Chronic), Procedure Summary: Preoperative Lab Testing.

**Decision rationale:** The MTUS is silent with regards to pre-operative clearance. Orthopedic provider evaluated the injured worker and an anterior, posterior lumbar fusion was requested. There is no documentation that supports that the requested surgical procedure has been approved. According to ODG, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant peri-operative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The documentation does not support the need for preoperative clearance based on the lack of a pending surgical procedure and that the injured worker doesn't have medical conditions necessitating preoperative diagnostics.