

Case Number:	CM14-0106573		
Date Assigned:	07/30/2014	Date of Injury:	06/28/2011
Decision Date:	10/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/10/2014

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 Orthopaedic 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:

This 37-year-old male engineering technician sustained an industrial injury on 6/28/11 while moving a container at work. Past medical and surgical history were reported negative. The 4/9/14 lumbar MRI documented mild to moderate loss of L5/S1 disc height with a disc protrusion impinging the transiting right S1 nerve root. Conservative treatment including multilevel epidural steroid injections, physical therapy, medications, and bracing had failed to provide sustained improvement. Records indicated the patient was 5'9" and 210 pounds, with a calculated body mass index of 31. The 5/1/14 neurosurgical report cited severe lower back pain radiating into the legs in an L5/S1 dermatomal pattern, right greater than left. He had received multiple epidural injections with resultant pain and numbness in the scrotum. He developed weakness in his leg and severe progressive low back pain. The patient was reported in severe distress with difficulty doing minor physical activity and moving around due to progressive lower extremity weakness. Physical exam documented diminished right L5/S1 dermatomal sensation, loss of right ankle reflex, diminished left ankle reflex, paraspinal muscle spasms, and positive right straight leg raise. MRI demonstrated a large disc herniation at L5/S1 obliterating the right lateral recess. There was scarring around the nerve root and a 50% reduction in disc height. The diagnosis was severe S1 radiculopathy. The treatment plan recommended an L5/S1 transforaminal decompression followed by a fusion. Fusion would be necessitated due to the level of resection required. The 6/6/14 utilization review certified the request for L5/S1 transforaminal discectomy and fusion. The request for pre-operative work-up was not medically necessary as the patient did not have significant co-morbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Medical Work-Up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=38289

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on body mass index, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.