

Case Number:	CM14-0016804		
Date Assigned:	04/11/2014	Date of Injury:	12/07/2011
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 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 48-year-old female who reported an injury on 12/07/2011. The mechanism of injury was not provided. Current diagnoses include cervical spine sprain with herniated nucleus pulposus and radiculopathy, left shoulder strain, right wrist strain, carpal tunnel syndrome, left ankle sprain, lumbar sprain with herniated nucleus pulposus and radiculopathy, and intratendinous partial tear of the left supraspinatus tendon. The injured worker was evaluated on 03/14/2014. The injured worker reported persistent lower back pain with tingling in the left lower extremity. Physical examination revealed tenderness to palpation, spasm, limited range of motion, positive straight leg raising on the left, and positive Kemp's testing. Treatment recommendations included authorization to proceed with a lumbar spinal discogram at L2 through S1, authorization to proceed with a left shoulder arthroscopy, surgical clearance with an internal medicine specialist and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CLEARANCE WITH DR. NUR: 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 Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing, General.

Decision rationale: The Expert Reviewer's decision rationale: Official Disability Guidelines state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of significant comorbidities that would warrant the need for surgical clearance. The medical necessity has not been established. There is also no indication that this injured worker's surgical procedure has been authorized. Based on the clinical information received, the request for Surgical Clearance is not medically necessary.