

<b>Case Number:</b>	CM14-0169641		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 51-year-old male with an 8/1/11 date of injury. At the time (10/13/14) of the Decision for associated surgical service: medical clearance and associated surgical service: Post-operative physical therapy, unspecified quantity/body part, there is documentation of subjective (lower back pain radiating to the right leg and neck pain radiating to the right arm) and objective (bilateral tenderness at L4 and L5 and L5-S1, tenderness to palpation over the lumbar paraspinous area and decreased range of motion in all planes) findings. The current diagnoses include lumbar spondylosis with response to L4 and L5 medial branch blocks, lumbar radiculopathy at the right lower extremity S1 distribution, cervical radiculopathy to the right C6, chronic obstructive pulmonary disease, history of left axillary lymphoma, status post radiation and a history of anxiety and depression. The treatment to date includes medication, medial branch block, and a cane. Medical reports identify radiofrequency ablation with fluoroscopy, bilateral L4-5 was authorized. Regarding associated surgical service: Post-operative physical therapy, unspecified quantity/body part, there is no documentation of a specified quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Medical Clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>, Preoperative clearance

**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 lab testing

**Decision rationale:** The MTUS does not address this issue. The ODG identifies that pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis with response to L4 and L5 medial branch blocks, lumbar radiculopathy at the right lower extremity S1 distribution, cervical radiculopathy to the right C6, chronic obstructive pulmonary disease, history of left axillary lymphoma, status post radiation and a history of anxiety and depression. In addition, there is documentation that radiofrequency ablation with fluoroscopy, bilateral L4-5 was authorized. Therefore, the request for associated surgical service: medical clearance is medically necessary.

**Associated surgical service: Post-operative physical therapy, unspecified quantity/body part:** 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 - Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical therapy (PT)

**Decision rationale:** The MTUS Post-Surgical Treatment Guidelines do not address the issue. The ODG identifies up to 1-2 visits of post-operative physical therapy over 1 week for post-injection treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar spondylosis with response to L4 and L5 medial branch blocks, lumbar radiculopathy at the right lower extremity S1 distribution, cervical radiculopathy to the right C6, chronic obstructive pulmonary disease, history of left axillary lymphoma, status post radiation and a history of anxiety and depression. In addition, there is documentation that radiofrequency ablation with fluoroscopy, bilateral L4-5 was authorized. However, there is no documentation of a specified quantity. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.