

<b>Case Number:</b>	CM14-0183428		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 63-year-old female who reported an injury on 04/03/2008. The mechanism of injury was not provided. The injured worker's diagnoses included other chronic pain, degeneration of lumbar/lumbosacral intervertebral disc and lumbar facet arthropathy. The injured worker's past treatments included medications, physical therapy, and lumbar facet denervation. The injured worker diagnostic testing was not provided. The injured worker's surgical history was not provided. On the clinical note dated 11/30/2014, the injured worker complained of a flare of axial back pain. The injured worker had limited mobility, tenderness in the left lumbar paraspinal area, tenderness in the right lumbar paraspinal overlying facet joints bilaterally, mildly restricted movement in all directions, and lumbar extension was severely restricted. The injured worker's medications included Voltaren XR, cyclobenzaprine, and Lidoderm patches. The request was for medical clearance. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### 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:** 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, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines states preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risks, direct anesthetic choices, and guide postoperative management, but are often obtained because of protocol rather than medical necessity. The decision to order preoperative test should be guided by the patient's clinical history, comorbidities, and physical examination findings. The medical records lack documentation indicating the injured worker has comorbidities that indicate preoperative testing. Medical records indicate the medical clearance is being requested for repeat facet denervation at L4-5 and L5-S1, which is not indicated to be a high risk or intermediate risk surgical procedure that would warrant medical clearance. Based on the documentation submitted for review, the injured worker does not meet the criteria for medical clearance. As such, the request for Medical Clearance is not medically necessary.