

<b>Case Number:</b>	CM14-0029496		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and is licensed to practice in New York. 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 patient is a 40 male with a date of injury of August 3, 2013. He has chronic back pain. MRI (magnetic resonance imaging) shows large disc protrusion at L4-5 and L5-S1. The patient has had conservative treatment including physical therapy and epidural steroid injections which did not provide lasting relief. The patient continues to have pain. At issue is whether right L4 and L5 hemilaminotomy surgery and microdiscectomy is medically needed. Also at issue is whether preoperative medical clearance is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Medical Clearance.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Heart Association/ American College of Cardiology (ACC/AHA) 2007 Guidelines on preoperative cardiovascular evaluation and care for noncardiac surgery, <http://circ.anhajournals.org/cgi/content/full/116/14/e418>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Heart Association/ American College of Cardiology

(ACC/AHA) 2007 Guidelines on preoperative cardiovascular evaluation and care for noncardiac surgery.

**Decision rationale:** This patient does not meet establish criteria for preoperative medical clearance. The patient is 40 years old and has no significant past medical history. The patient is not at risk for medical demise with relatively little risk lumbar laminotomy surgery. The surgery typically entails levels of blood loss and not very long operative times. Pre-operative medical clearance is not medically necessary. The criteria for preoperative clearance not met, the request is not certified.