

Case Number:	CM14-0036390		
Date Assigned:	06/25/2014	Date of Injury:	01/27/2012
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/25/2014

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 Pennsylvania. 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 claimant is a 33-year-old gentleman injured on January 27, 2012, while assisting with lifting an individual, resulting in the acute onset of low back complaints. The records available for review document treatment with conservative care and reference that a lumbar MRI scan showed a 2 millimeter disc protrusion with effacement and abutment of the exiting right L5 nerve root at the L5-S1 level. Utilization Review dated March 5, 2014, did not certify the request for operative intervention of an interbody fusion, citing no evidence of segmental instability. In direct relationship to the fusion surgery, this request is for preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Medical Clearance: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California MTUS ACOEM Guidelines would not recommend the request for preoperative medical clearance. Utilization Review did not certify the request for spinal fusion as being medically necessary. Therefore, this request for preoperative medical clearance is also not medically necessary.