

<b>Case Number:</b>	CM14-0037589		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/19/1998
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Nevada 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 62-year-old male injured on March 19, 1998. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated October 21, 2013, indicated that there were ongoing complaints of low back pain with radiation to the bilateral lower extremities. A CT of the lumbar spine showed degeneration and disk space narrowing at L5-S1 and probably impingement of the traversing left-sided S1 nerve root and diffuse disc bulge at L4-L5. There was no solid fusion noted at L5-S1. Current medications include OxyContin, Diazepam, Soma, Lexapro, Oxycodone, Baclofen, and Senokot. The physical examination demonstrated ambulation with the use of a cane and an antalgic gait. There were tenderness from L3 to S1 and a positive left and right sided straight leg raise at 45 degrees. Previous treatment included failed spinal surgery in 1989, spinal cord stimulator, home exercise, physical therapy, injections, and a pain management evaluation. A request had been made for cardiology evaluation and was not certified in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardiology evaluation.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 - LUMBAR & THORACIC (ACUTE & CHRONIC), PREOPERATIVE TESTING, GENERAL, UPDATED JULY 3, 2014.

**Decision rationale:** Based on the medical records provided for review, the injured employee has been previously recommended for lumbar spine surgery. This surgery has yet to be determined to be medically necessary. For this reason, the request for a cardiology evaluation is not medically necessary and appropriate.