

Case Number:	CM14-0056585		
Date Assigned:	07/09/2014	Date of Injury:	06/21/2011
Decision Date:	10/09/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is 45 year old male injured on June 21, 2011 due being struck in the knee by a tractor while at work. The most recent progress note by the primary treating physician, dated March 24, 2014, indicates the injured worker complains of lumbar spine and left knee pain that radiates to the left leg. Pain is rated 8 out of 10 on the visual analog scale (VAS). The physical exam of the back and knee reveal tenderness, decreased range of motion, decreased sensation and loss of strength. The injured worker was told he required surgery due to a back fracture and pinched nerve which caused radiation to left leg. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, acquired deformity of elbow, forearm, hand, or wrist, and lower leg pain. Lumbar spine x-ray, dated February 5, 2014, reveal bilateral pars fracture and spodylolisthesis at L5-S1. MRI of the lumbar spine, dated February 5, 2014, reveals disc bulge at L5-S1, hypertrophic degenerative changes, L3-L4 neural foraminal narrowing, L4-L5 disc bulges, L1-L2 disc bulges, and multilevel disc diseccation. The previous utilization review denied request for pre-op internal medicine eval and clearance on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Internal Medicine Eval and 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 (ODG), Low back chapter, Preop testing

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 examination and consultation (Electronically sited) Official Disability Guidelines (ODG)

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. "Per ODG, pre-op testing (i.e. chest radiography, electrocardiography, laboratory testing, U/A) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices and guide post-op management, but are often obtained because of protocol rather than medical necessity. The decision to order pre-op tests should be guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the injured worker is noted to be a surgical candidate. Thus, the request for pre-op clearance is not medically necessary.