

<b>Case Number:</b>	CM14-0069660		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/27/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Surgeon and Hand Surgeon, 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 53-year-old female who reported injury on 11/27/2009. The diagnosis was intervertebral disc disorder, displacement of the cervical intervertebral disc without myelopathy. The mechanism of injury was the injured worker was entering her truck and banged her head on the doorframe. The injured worker underwent an anterior cervical discectomy and fusion with instrumentation at C5-C6 on 06/06/2010. Prior treatments included physical therapy, chiropractic care, acupuncture and epidural steroid injections. Recommended treatment was an L4-L5. The recommended surgical procedure was found to be not medically necessary. The documentation of 04/08/2014 revealed the injured worker had a positive straight leg raise in the right lower extremity and there was decreased sensation in the right L4 distribution. The 4V spine x-ray revealed worsening of spondylolisthesis at L5-S1. The treatment plan included a laminectomy and posterior spinal fusion with instrumentation and posterolateral interbody fusion at L5-S1 and possibly at the L4 level. Additionally the treatment plan included a new MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative Medical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Low Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

**Decision rationale:** The Society of General Internal Medicine Online states that preoperative assessment is expected before all surgical procedures. The clinical documentation submitted for review indicated the surgical procedure was found not to be medically necessary. Therefore, the request for preoperative medical clearance is not medically necessary.