

Case Number:	CM14-0073625		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2008
Decision Date:	10/28/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 Spine Surgery 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 47-year-old male who reported a date of injury of 09/03/2008. The mechanism of injury was reported as a fall. The injured worker had diagnoses of acute lumbar strain with multilevel stenosis, right knee meniscal tear status post arthroscopy, right ankle ligamentous injury status post reconstruction, nonorthopedic issues, and worsening radiating pain into the bilateral lower extremities. Prior treatments included physical therapy, acupuncture, and chiropractic treatment. The injured worker had an x-ray of the lumbar spine on 03/28/2014, with an unofficial report indicating disc degeneration with collapse at L4-5, L5-S1, with bilateral foraminal narrowing and disc height. An MRI of the lumbar spine on 10/17/2013 with an unofficial report indicating congenital spinal stenosis due to short pedicles from L3 through L5, disc bulge with a 4 mm posterior right paracentral and right foraminal disc protrusion at L2-3 with resultant mild spinal stenosis, as well as mild to moderate right neural foraminal narrowing. The official reports were not provided within the medical records received. Surgeries included 4 lumbar epidural and facet injections of unknown dates. The injured worker had complaints of lumbar spine pain, with the pain rated 8/10 that was frequent and radiated only to the left side, right knee pain rated 4/10, and bilateral ankle pain rated 6/10. The injured worker indicated the pain prior to taking medications was 9/10 and would reduce to 4/10 after medications. The clinical note dated 03/31/2014 indicated the injured worker's range of motion of the lumbar spine was 30 degrees of flexion, 20 degrees of extension, and 20 degrees of right and left lateral flexion. The injured worker had tenderness to palpation and spasms of the lumbar paraspinal muscles, a positive Kemp's sign and straight leg raise and, decreased sensations of the bilateral and posterior calves. The injured worker's deep tendon reflexes were 2+ in the knees and 1+ reflexes in the Achilles bilaterally. Medications included Anexsia. The treatment plan included the physician's recommendation for a laminectomy/decompression and transforaminal and

posterior fusion with pedicle screws and bone graft, postoperative physical therapy 2 times a week for 6 weeks, and a postoperative lumbar corset. The rationale was indicated as the laminectomy and decompression would help address the general stenosis and disc bulges. The Request for Authorization form was received on 05/09/2014.

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 Harris J, Occupational Medicine Practice Guidelines, 2nd Edition, (2004), page 127, Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition, (2008 Revision), page 503

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

Decision rationale: The request for preoperative medical clearance is not medically necessary. The injured worker had complaints of lumbar spine pain, with the pain rated 8/10 that was frequent and radiated only to the left side, right knee pain rated 4/10, and bilateral ankle pain rated 6/10. The injured worker indicated the pain prior to taking medications was 9/10 and would reduce to 4/10 after medications. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines indicate preoperative testing usually includes chest radiography, electrocardiography, laboratory testing, and urinalysis performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of the preoperative status. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose. These tests are performed to find latent abnormalities, such as anemia or silent heart disease, that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia, and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. The guidelines recommend preoperative testing for patients with cardiovascular disease or patients who show indications of being at risk for postoperative complications. There is a lack of documentation the injured worker has signs or symptoms of active cardiovascular disease, or is at risk for perioperative complications. There is a lack of documentation of the injured worker's history and physical examinations, for which the guidelines recommend prior to initiating preoperative testing. Furthermore, the request as submitted did not specify a surgery for the preoperative clearance, as well as, there is no documentation of an approved surgery. As such, the request is not medically necessary.

