

Case Number:	CM14-0077405		
Date Assigned:	07/18/2014	Date of Injury:	05/19/2011
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

58 year old claimant with reported industrial injury on 5/19/11. Exam note from 4/24/14 demonstrates complaint of low back pain, left thigh pain and left toe numbness. Examination demonstrates left S1 distribution of pain down the posterior thigh with 5/5 strength on bilateral lower extremities. Pain is noted with extension of the left lower extremity. MRI lumbar spine 11/27/13 demonstrates central canal stenosis and neural foraminal narrowing at L3/4 and L4/5. Exam note 5/14/14 demonstrates electrodiagnostic studies of chronic left L5 or L4 radiculopathy and chronic right L4 radiculopathy. Exam note 6/11/14 demonstrates persistent low back pain and left thigh pain and left toe numbness. Prior denial of epidural steroid injection is made by 5/2/14 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=38289> Pre Operative Evaluation.

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.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG (Official Disability Guidelines) are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> which states that patients greater than age 40 require a CBC (Complete Blood Count); males require an ECG (Electrocardiogram) if greater than 40 and for females it is greater than 50. This is for any type of surgery. There is no evidence of significant medical co-morbidities that would require preoperative clearance. Therefore, preoperative medical clearance is not medically necessary and appropriate.