

<b>Case Number:</b>	CM14-0088037		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Neurological 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:

The injured worker is a 64-year-old gentleman who was reportedly injured on May 6, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 1, 2014, indicates that there are ongoing complaints of low back pain radiating to the right leg and foot. The physical examination demonstrated decreased sensation in the right L5 nerve distribution. There was a positive straight leg raise test. Diagnostic imaging studies of the lumbar spine disc bulging and mild facet hypertrophy at L4/L5 and L5/S1. There was also a grade 1 retrolisthesis of L4 on L5. Previous treatment includes acupuncture, massage, chiropractic treatment, a home exercise program, and physical therapy. Right-sided L5 through S2 injections reported 90% improvement. A request had been made for a presurgical hospitalist visit and was not certified in the pre-authorization process on May 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre Surgical Hospitalist visit.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Thoracic, Preoperative Testing, General, Updated July 3, 2014.

**Decision rationale:** It is unclear what is meant by a request for a presurgical Hospitalist visit. This is not specifying a request for preoperative laboratory studies, a chest x-ray, electrocardiogram or other preoperative medical clearance. Without additional information and justification this request for a presurgical Hospitalist visit is not medically necessary.