

<b>Case Number:</b>	CM13-0066133		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 claimant is a 55 year-old male with a history of a work injury occurring on 12/06/11 when, while working as a construction site supervisor, he slipped and fell down three steps. He had low back pain radiating into his legs. He sustained right transverse spinous process fractures. Treatments included physical therapy and medications. The claimant's height is 5 feet, 11 inches and weight 220 pounds which corresponds to a BMI of 30.7. An MRI of the lumbar spine on 06/07/13 showed findings of a large left lateralized L5-S1 disc extrusion. He was seen by the requesting provider on 06/07/13. He was having intractable low back pain radiating into his left lower extremity. He was having difficulty walking and his left leg had given out. Physical examination findings included left lower extremity weakness with atrophy and positive left straight leg raise. A lumbar decompression was recommended. On 10/21/13 surgery had been authorized. The claimant however, had decided not to schedule it. He was having low back pain with left lower extremity pain and weakness. He was becoming progressively more depressed. Physical examination findings included ambulating with a cane. There was left lower extremity weakness and a positive straight leg raise. Preoperative clearance was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OPERATIVE CLEARANCE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic left lumbar radiculopathy. He has been approved for lumbar spine surgery. In terms of risk, surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. The claimant is obese and major orthopedic spine surgery is planned and he would have at least an intermediate risk with this procedure. Pre-operative clearance is therefore medically necessary.