

<b>Case Number:</b>	CM14-0208836		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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: Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 51-year-old female who reported an injury on 03/16/2010 due to a fall. She underwent a CT scan of the lumbar spine on 10/09/2013 and electrodiagnostic testing on 05/06/2013. On 10/29/2014, she presented for a followup evaluation regarding her work related injury. It was stated that she reported needing a cane to ambulate, a stabbing pain in the low back shooting into the leg, and jerking her arms and legs, particularly at night. The documentation shows that the injured worker was planned to undergo a lumbar decompression for a herniated disc abnormality at the L4-5 level. She had been maintained on a pain regimen, including narcotics with fentanyl and oxycodone, and was given Lyrica, but could not tolerate it. A physical examination showed weakness of the lower extremity on the right at a 5-/5 and normal sensation. She was observed to have scoliosis and her gait was normal. There was a negative Romberg's and tandem walk was normal. Documentation regarding surgical history, relevant diagnoses, and past treatment was not provided. The treatment plan was for a preoperative followup evaluation with orthopedic surgeon and preoperative labs. The Request for Authorization form was signed on 11/12/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services- Pre-Op Follow up evaluation with an orthopedic surgeon:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC

**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, Office Visits.

**Decision rationale:** The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There is a lack of documentation showing that the injured worker had any underlying health conditions or comorbidities that would support the request for a preoperative evaluation. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**Associated Surgical Services- Pre-Op Medical Clearance/cardiac clearance/stress test/labs to include cbc with DISS,PT,PTT, SODIUM,POTASSIUM,CREATININE,GLUCOSE,SED Rate , CRP UA, Type, and screen(not cross match)/EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC

**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, Pre-operative lab testing.

**Decision rationale:** The Official Disability Guidelines indicate the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is a lack of documentation showing that the injured worker had any underlying health conditions or comorbidities that would support the request for preoperative labs. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.