

Case Number:	CM14-0209321		
Date Assigned:	12/22/2014	Date of Injury:	01/25/2012
Decision Date:	03/04/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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: New York, New Hampshire, Washington
 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 patient is a 53-year-old female with a date of injury of January 25, 2012. She has chronic back pain. MRI the lumbar spine show scoliosis centered at L4-5. There is a disc bulge at L4-5 with degenerative disc at L4-5 and retrolisthesis. There is disc bulging and degeneration at L5-S1. The patient continues to have back pain and spasms. She has had 20 chiropractic treatments, 6 acupuncture treatments which decreased pain temporarily. She's also had epidural steroid injection. On physical examination his tenderness palpation lumbar spine with decreased range of motion, there is decreased sensation in L4, L5 and S1 dermatomes. Tibialis anterior plantar anteversion are weak on the left. Patient is diagnosed with lumbar disc herniations at L4-5 and lumbar radiculopathy with facet arthropathy. The patient has been indicated for micro-decompressive surgery at L4-5. At issue is whether preoperative clearance and associated preoperative studies are medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Pre operative medical clearance: 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative testing before noncardiac surgery: guidelines and recommendations. Feely MA, Collins CS, Daniels PR, Kebede EB, Jatoi A, Mauck KF. Am Fam Physician. 2013 Mar 15;87(6):414-8. Review.

Decision rationale: The medical records do not indicate that this patient has significant risk factors for lumbar spinal surgery. The medical records do not indicate that the patient has extensive past medical history that would put the patient at risk for lumbar decompressive surgery. Lumbar decompressive surgeries are relatively bloodless and short surgery with limited risk. The medical records do not established the need for preoperative medical clearance or perioperative medical testing. In addition, medical necessity for preoperative lab work has not been established as the lumbar decompressive surgery is of short duration with minimal blood loss. The medical records do not document that the patient is at significant medical risk.

Associated surgical services: Pre operative chem. panel: 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), Low Back, Preoperative testing

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: Preoperative testing before noncardiac surgery: guidelines and recommendations. Feely MA, Collins CS, Daniels PR, Kebede EB, Jatoi A, Mauck KF. Am Fam Physician. 2013 Mar 15;87(6):414-8. Review. PMID: 23547574 [PubMed - indexed for MEDLINE] Free Article Related citations

Decision rationale: The medical records do not indicate that this patient has significant risk factors for lumbar spinal surgery. The medical records do not indicate that the patient has extensive past medical history that would put the patient at risk for lumbar decompressive surgery. Lumbar decompressive surgeries are relatively bloodless and short surgery with limited risk. The medical records do not established the need for preoperative medical clearance or perioperative medical testing. In addition, medical necessity for preoperative lab work has not been established as the lumbar decompressive surgery is of short duration with minimal blood loss. The medical records do not document that the patient is at significant medical risk.

Associated surgical services: Pre operative type and screen: 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative testing before noncardiac surgery: guidelines and recommendations.

Feely MA, Collins CS, Daniels PR, Kebede EB, Jatoi A, Mauck KF. Am Fam Physician. 2013 Mar 15;87(6):414-8. Review. PMID: 23547574 [PubMed - indexed for MEDLINE] Free Article
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