

<b>Case Number:</b>	CM14-0046290		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/23/2001
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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: California, Florida, Texas  
 Certification(s)/Specialty: Internal Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old female with a 1/23/01 date of injury. At the time (3/25/14) of the Decision for pre-op medical clearance, there is documentation of subjective (back pain and bilateral leg pain) and objective (decreased lumbar range of motion) findings, current diagnoses (cervical spondylosis, thoracic spondylosis, and L4-5 spinal stenosis), and treatment to date (physical therapy and medications). Medical report identifies a request for revision decompression at L5-S1 and a new decompression at L4-5 that has not been authorized/certified.

### 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 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 Chapter, Preoperative lab testing

**Decision rationale:** MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis, thoracic spondylosis, and L4-5 spinal stenosis. However, given no documentation of a pending surgery that has been authorized/certified, there is no documentation of an indication for preoperative testing. Therefore, based on guidelines and a review of the evidence, the request for pre-op medical clearance is not medically necessary.