

Case Number:	CM15-0005594		
Date Assigned:	01/26/2015	Date of Injury:	06/21/2009
Decision Date:	04/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 injured worker is a 59 year old male, who sustained an industrial injury on 6/21/2009. The current diagnoses are L4-S1 pseudoarthrosis, status post L4-S1 posterior spinal instrumentation and fusion, regional pain syndrome of the right lower extremity, failed back syndrome, and status post removal of spinal cord stimulator (12/12/2013). Currently, the injured worker complains of ongoing, worsening right-sided back and buttocks pain over the right sacroiliac joint. He rates the pain 8-9/10 on a subjective pain scale. Current medications are Celebrex, Colace, Cymbalta, Lyrica, Percocet, Prilosec, Prozac, and Senokot. Treatment to date has included medications and right SI joint injection (6/11/2014), which temporarily improved his symptoms. Per notes, radiofrequency ablation was denied. The treating physician is requesting medical pre-operative clearance, which is now under review. On 12/24/2014, Utilization Review had non-certified a request for medical pre-operative clearance. The medical pre-operative clearance was non-certified based on non-certification of requested surgery. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Pre-operative clearance: 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 Chapter, Preoperative testing, general.

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 testing, general.

Decision rationale: Regarding request for pre-op clearance, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Within the medical information made available for review, it appears that the surgical procedure for which preoperative clearance is requested was non-certified. As there is no pending surgical procedure, there is no indication for preoperative clearance and the request is not medically necessary.