

Case Number:	CM15-0108844		
Date Assigned:	06/15/2015	Date of Injury:	10/13/2009
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Illinois, California, 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 57-year-old male who sustained an industrial injury on 10/13/09. Injury occurred when he fell while helping a client out of a car. Past medical history was not documented. The 4/8/15 lumbar spine MRI impression documented diffuse lumbar spondylosis with levoscoliosis, spinal stenosis most prominent at L4-5 and L5-S1 with tightening of the lateral recesses which affect the traversing nerve roots, and prominent foraminal narrowing. The 5/13/15 treating physician report cited low back pain radiating to the left buttock and posterior thigh with cramping in the left foot and numbness and tingling in the anterolateral left thigh. He reported some left leg weakness. Physical therapy had not helped much and an epidural steroid injection provide some temporary help. Standing aggravated the pain and he had not worked since 2009. Physical exam documented normal gait, normal spinal alignment, left anterior tibialis and extensor hallucis longus weakness, intact sensation, and symmetrical reflexes. Left straight leg raise was positive. Authorization was requested for left L4/5 laminotomy and microdiscectomy with standard pre-operative medical clearance. The 5/21/15 utilization review certified the request for left L4/5 laminotomy and microdiscectomy. The associated request for pre-operative standard medical clearance was modified to include pre-operative standard medical clearance consisting of CBC (complete blood count), Chem-7, and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Standard Medical Clearance (undesignated 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p; Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines state that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. This non-specific pre-operative medical clearance request was modified in utilization review on 5/21/15 and certified for CBC, Chem-17, and EKG. In the absence of a specific request or supporting rationale, the medical necessity of additional pre-operative testing or evaluation is not supported. Therefore, this request is not medically necessary.