

Case Number:	CM15-0134605		
Date Assigned:	07/22/2015	Date of Injury:	11/12/2002
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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: Iowa

Certification(s)/Specialty: Preventive 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:

This injured worker is a 46 year old female who reported an industrial injury on 11/12/2002. Her diagnoses were noted to include: bilateral lumbar foraminal stenosis, moderate lateral recess stenosis, facet hypertrophy, lumbosacral radiculopathy, lumbago, myalgia and myositis. Recent MRI studies of the lumbar spine showed desiccation over multiple levels and an annular tear. Her treatments were noted to include injection therapy; physical therapy; a home exercise program; a spinal cord stimulator, recently removed; medication management; and rest from work. The progress notes of 5/6/2015 reported continued significant lower back pain with bilateral leg pain, left > right, resulting in difficulty ambulating, standing, walking and with activities of daily living. Objective findings were noted to include significant axial lower back pain which radiated into the lower extremities; spasms and tenderness over the lumbar para-vertebral muscles, with loss of range-of-motion; lumbosacral dysesthesia; and decreased patellar and ankle Achilles tendon reflexes. The physician's requests for treatments were noted to include pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Medical 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 - Lumbar & Thoracic: Preoperative electrocardiogram, lab testing, testing (general).

Decision rationale: MTUS does not address the issue of preoperative medical clearance. ODG states that preoperative clearance is routine and indicated in certain circumstances. The guidelines note that 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. Recommendation of testing is guided by the patient's clinical history, comorbidities, and physical examination findings. Electrocardiogram is recommended for patients undergoing high-risk surgery and those under undergoing intermediate-risk surgery who have additional risk factors, but not patients undergoing low-risk surgery. Preoperative lab testing is often excessive and not good for screening, and should be guided by the patient's clinical history, comorbidities, and physical examination findings. The treating physician has requested surgery in the form of transforaminal lumbar interbody fusion at the L4-L5 and L5-S1 level. An IMR of this procedure dated 7/14/15 stated that the procedure was not medically necessary, and the prior UR decision was upheld. Preoperative medical clearance may be indicated if surgery was pursued, but more information would be needed to detail what clearance and testing is being requested. Since the original procedure is not approved, there is no need for approval of preoperative clearance. Therefore, the request for preoperative medical clearance is not medically necessary at this time.