

Case Number:	CM15-0142829		
Date Assigned:	08/03/2015	Date of Injury:	08/21/2013
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 08-21-2013. He has reported injury to the neck and low back. The diagnoses have included lumbago; displacement of lumbar intervertebral disc without myelopathy; L4-5 herniated nucleus pulposus; thoracic neuritis; and cervicgia. Treatment to date has included medications, diagnostics, injections, chiropractic therapy, and physical therapy. Medications have included Tramadol, Tylenol, Gabapentin, Diclofenac, and Omeprazole. A progress note from the treating physician, dated 06-18-2015, documented a follow-up visit with the injured worker. The injured worker complains of neck pain, low back pain, and numbness in the left upper extremity as well as numbness on the top of the right foot and weakness in the right leg; he is not able to place weight on his right leg; and he has both symptoms of severe back pain and leg pain unresponsive to conservative treatment. Objective findings included the current MRI demonstrating herniation of the L4-5 disc, not the L5-S1 disc; x-ray of the lumbar spine shows a twelfth rib; the L5-S1 level actually is a transitional segment; it has large transverse processes attached to the ilium; the L4-5 level is the correct level of herniation; and the requested procedure is disc replacement arthroplasty at L4-5 to alleviate severe back pain, numbness, and weakness in his right leg. The treatment plan has included the request for pre-op appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Appointment: 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, Preop testing; preop testing general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota pg 415-420.

Decision rationale: According to the guidelines, pre-op testing is required in those at risk of bleeding, heart disease, infections, etc. In this case, the risk factors for concern, need for specific testing or diagnostics were not specified. As a result, the request for Pre-op appointment is not specific, nor justified and not medically necessary.