

<b>Case Number:</b>	CM15-0143069		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/16/2001
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

This injured worker is a 38-year-old female who sustained an industrial injury on 10/16/01, relative to a lifting injury. Past medical history was positive for asthma and obesity (BMI > 40). She underwent L4/5 fusion in 2006, hardware removal in 2011, and L3/4 transforaminal lumbar interbody fusion on 12/17/13. The 11/12/14 lumbar spine x-rays showed incomplete L3/4 interbody fusion. The 6/22/15 treating physician report cited moderate to severe daily low back pain that was disabling. She reported nothing relieved the pain. Physical exam documented general tenderness over the surgical area, restricted and painful lumbar range of motion, negative straight leg raise, antalgic gait, and no obvious focal motor deficits. X-rays showed erosion of the L4 endplate beneath the bone graft with increased lucency compared to previous x-rays. The injured worker needs a revision at L3/4 due to pseudoarthrosis. The treating physician report opined the medical necessity of a lateral surgical approach as the initial approach was transforaminal and repeating that approach would increase risk, as would an anterior approach. Authorization was requested for L3-4 lateral lumbar interbody fusion, first assistant, intraoperative neurophysiological monitoring, pre-operative medical clearance, pre-operative labs (CMP, CBC, PT/PTT, and urinalysis), EKG, and chest x-ray. The 6/26/15 utilization review certified the request for L3/4 lateral interbody fusion with 2-day inpatient stay, surgical assistant, intraoperative neuromonitoring, pre-operative EKG, chest x-ray, and labs (CMP, CBC, PT/PTT, and urinalysis). The request for pre-operative clearance was non-certified as there was no documented medically necessary for this young woman.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pre operative clearance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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.

**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. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on co-morbidities, magnitude of surgical procedure, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.