

<b>Case Number:</b>	CM15-0187414		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/07/2000
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male injured worker suffered an industrial injury on 6-7-2000. The diagnoses included lumbar facet arthropathy, lumbar myofascial strain, radiculitis and lumbar stenosis, lumbar MLD and lumbar fusion. On 8-28-2015 the treating provider reported the injured worker required pre-op medical clearance prior to surgery including medical consult for history and physical, EKG, Chest x-ray and laboratory studies. The surgery requested was a trial of implantation of a spinal cord stimulator. He had low back pain and right leg pain and utilized a TENS unit which provided a "substantial amount of relief" He rated the pain as 3 out of 10 with medication and 10 out of 10 without medications of Butrans patch and Hydrocodone along with Flexeril. Prior treatment included transforaminal epidural steroid injections, physical therapy, chiropractic therapy and acupuncture. Request for Authorization date was 8-28-2015. The Utilization Review on 9-17-2015 determined non-certification for 1 pre-operative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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 Surgery general information and ground rules, California official medical fee schedule, 1999 edition, pages 92-93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**Decision rationale:** MTUS Guidelines is silent on requiring consult for pre-op clearance as it relates to the SCS procedure; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear internal medical symptoms as well as no clinical documentation was identified correlating to any internal medicine related diagnosis. Submitted reports have not adequately demonstrated evidence of prolonged use of medications to cause any internal organ concerns nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to poorly controlled or treated medical disorders or issues. Additionally, medical clearance may be provided by the surgeon as part of the surgical service and does not require separate authorization. The 1 pre-operative medical clearance is not medically necessary and appropriate.