MAXIMUS Federal Services

Case Number:	CM15-0027492		
Date Assigned:	03/11/2015	Date of Injury:	02/16/2014
Decision Date:	05/12/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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: Minnesota, Florida
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 48 year old male, who sustained an industrial injury on February 16, 2014. He has reported lumbar and left lower extremity pain. The diagnoses have included musculoligamentous sprain/strain, lumbar spine, large L5-S1 herniated nucleus pulposus, status post L5-S1 decompression and recurrent herniated nucleus pulposus at L5-S1 status post laminectomy with instability. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, medications, conservative therapies and work restrictions. Currently, the IW complains of lumbar and left lower extremity pain. Evaluation on January 21, 2015, revealed continuing complaints. It was noted he had been treated with medications, physical therapy, pain injections and activity restrictions without improvement of pain. It was noted the pain was intolerable and additional lumbar surgery was requested. The injured worker has been certified for additional surgery. An associated surgical request for pre-operative medical clearance is now appealed to an IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov- Preoperative evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, page 62.

Decision rationale: The injured worker is a 48-year-old male who is undergoing intermediate risk orthopedic surgery with possibility of significant blood loss and volume replacement. According to Harrison's Principles of Internal Medicine 18th Edition Page 62, emerging evidence-based practices dictate that the internist should perform an individualized evaluation of the surgical patient to provide an accurate preoperative risk assessment and stratification to guide optimal perioperative risk reduction strategies. As such, the request for preoperative medical clearance is appropriate and the medical necessity of the request has been established. The request is medically necessary.