

Case Number:	CM15-0033892		
Date Assigned:	02/27/2015	Date of Injury:	05/20/2014
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/23/2015

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 injured worker is a 34-year-old female, who sustained an industrial injury on May 20, 2014. The diagnoses have included bulging lumbar disc and lumbar radiculopathy. Treatment to date has included modified work duties, physical therapy, chiropractic therapy, steroid injection, medication, heat/cold therapy and home exercises. Currently, the injured worker complains of ongoing back pain with radiation of pain to the right buttock. On examination, she has tenderness to palpation and limited range of motion of the lumbar spine. Her trunk flexion is 30 percent, hyperextension is 10% and lateral bending is 15 degrees. She has a guarded gait. On January 21, 2015, Utilization Review non-certified a request for pre-operative medical clearance, noting that there is no documentation of a clear surgical plan and approval for surgery is not submitted. In addition, there is limited evidence of the need for medical clearance beyond what can be provided by the treating physician. The Official Disability Guidelines was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing.

Decision rationale: The 34-year-old patient presents with pain in the right lower back, rated at 6/10, radiating to the buttock and progressively frequent episodes of right leg radiculopathy, as per progress report dated 01/16/15. The request is for Pre-Operative Medical Clearance. There is no RFA for this case, and the patient's date of injury is 05/20/14. Diagnoses, as per progress report dated 01/14/15, included right L5-S1 disc herniation, and possible Pars fracture at L5. The patient is temporarily totally disabled, as per progress report dated 01/16/15. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These 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. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, none of the progress reports discuss the request. In progress report dated 01/14/15, the treater states that the patient has failed conservative care, and is a candidate for, "microdiscectomy surgery versus lumbar fusion if she indeed has a pars fracture." While ODG guidelines support pre-operative medical clearance, it is not clear if the patient has been authorized for the surgery or not. The treating physician has not discussed reason for the request, nor provided patient risk assessment. Additionally, the provider does not outline what pre-operative evaluation is to entail. The request is not medically necessary.