

Case Number:	CM15-0045661		
Date Assigned:	03/18/2015	Date of Injury:	04/19/2011
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 48 year old male, who sustained an industrial injury on 04/19/2011. He has reported subsequent low back pain and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, post-laminectomy syndrome of the lumbar spine and spinal stenosis. Treatment to date has included oral pain medication, chiropractic therapy and a home exercise program. In a progress note dated 01/28/2015, the injured worker complained of increasing low back pain that was rated as 8/10. Objective findings were notable for severe tenderness of the bilateral lower lumbar paraspinal muscles, severely reduced range of motion, positive straight leg raise testing bilaterally and positive Kemp's test. The physician noted that a lumbar laminectomy at L4-S1 and posterior spinal fusion was recommended from L5-S1. Pre-operative cardiac clearance was requested. There is no documentation of cardiac diagnoses or symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative cardiac clearance prior to lumbar spinal surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cardiac consultation.

Decision rationale: According to guidelines: As noted, one of the criticisms of inter-disciplinary/multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. According to the records, there is no cardiac diagnosis or symptoms. Consult is needed if there is concern and thus is not medically necessary.