

Case Number:	CM15-0048080		
Date Assigned:	03/20/2015	Date of Injury:	12/16/2013
Decision Date:	05/05/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 44-year-old female who sustained an industrial injury on 12/16/13. Injury occurred while bending down to pick up an item while wearing a backpack canister vacuum. Conservative treatment included chiropractic, physical therapy, medications, and one injection. The 5/13/14 lumbar spine MRI findings were suggestive of discitis osteomyelitis at L5/S1 with paraspinal and peri-facet enhancement but no epidural abscess. A biopsy of L5/S1 to rule-out infection was performed with CT scan on 5/14/14 and cultures were negative for infection. The 1/20/15 lumbar spine MRI showed anterolisthesis at L4/5 with 3-mm disc bulge causing moderate canal stenosis and mild foraminal narrowing, and a 4 mm disc bulge at L5/S1 with facet hypertrophy causing moderate to severe foraminal narrowing. The 2/13/15 treating physician report cited severe back pain with imaging findings of severe L5/S1 degenerative changes. Physical exam documented moderate to moderately severe tenderness to palpation, normal muscle strength, intact sensation, and no pathological reflexes. Surgery was pending. Authorization was request for L4/5 anterior partial corpectomy, anterior spinal instrumentation and fusion with 2-day hospital stay, assistant surgery, and pre-operative medical clearance and EKG/cardiac clearance. The 2/17/15 utilization review certified a request for L4/5 anterior partial corpectomy, anterior spinal instrumentation and fusion with 2-day hospital stay and assistant surgery. The request for pre-operative medical clearance and EKG/cardiac clearance was non-certified based on her age and medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: Outpatient medical clearance, EKG/cardiac clearance:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Middle aged females have known occult increased medical and cardiac risk factors. Guideline criteria have been met based on patient age, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.