

Case Number:	CM15-0048200		
Date Assigned:	03/20/2015	Date of Injury:	07/08/2011
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
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:

The injured worker is a 49-year-old female with a date of injury of 7/8/11. Injury occurred when she took a misstep off a curb and hyper-extended her knee. She underwent right knee meniscal repair on 1/6/12. She developed low back pain working on a recumbent bicycle in rehabilitation after the knee surgery. Conservative treatment included physical therapy, chiropractic, radiofrequency ablation, and epidural steroid injection. The 1/29/15 lumbar spine MRI findings documented L4/5 moderate facet arthropathy with prominent ligamentum flavum thickening/buckling and 4 mm degenerative anterolisthesis resulting in severe central canal and bilateral lateral recess stenosis. As L5/S1, there was marked disc degeneration with circumferential 2-3 mm disc bulge/osteophyte causing moderate bilateral foraminal narrowing. The 2/6/15 treating physician report cited constant low back pain with bilateral lower extremity pain radiating to the foot. Pain was worse with extension and exertion. Physical exam documented marked loss of lumbar extension, decreased sensation plantar aspect of both feet, and deep tendon reflexes not obtainable. X-rays showed a spondylolisthesis at L4/5 with motion on flexion/extension views, and narrowing at L5/S1. The diagnosis was L4/5 spondylolisthesis, instability by flexion/extension x-rays, spondylosis, and spinal stenosis with bilateral cauda equina symptoms, and L5/S1 spondylosis. The treatment plan recommended L4/5 and L5/S1 anterior lumbar interbody fusion and posterior spinal fusion/laminectomy. Associate surgical requests for assistant surgeon and outpatient medical clearance were submitted. The 2/27/15 utilization review certified the request for L4/5 and L5/S1 anterior lumbar interbody fusion and posterior spinal fusion/laminectomy with an assistant surgeon. The request for outpatient medical

clearance was non-certified as there was no identified medical issue that would require specialist medical clearance beyond the pre-operative history and physical which was the responsibility of the treating surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Outpatient Medical 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.