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| <b>Case Number:</b>   | CM15-0053500 |                              |            |
| <b>Date Assigned:</b> | 03/27/2015   | <b>Date of Injury:</b>       | 12/27/2010 |
| <b>Decision Date:</b> | 05/12/2015   | <b>UR Denial Date:</b>       | 03/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2015 |

### 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 male who sustained an industrial injury on 12/27/10. The mechanism of injury was not documented. Past medical history was not provided. Past surgical history was not documented. The 2/28/12 lumbar spine MRI documented a grade 1 4 mm L5/S1 spondylolisthesis with pars defects. The 2/25/15 treating physician report cited continued low back pain radiating to both legs. Physical exam documented functional range of motion with positive straight leg raise on the left and intact lower extremity neurologic exam. The diagnosis was L4/5 and L5/S1 spondylosis, L5/S1 grade 1 spondylolisthesis with bilateral L5 pars defects, and left sciatica. The treatment plan recommended L5/S1 anterior-posterior decompression and fusion for the spondylolisthesis. The 3/13/15 utilization review certified requests for L5/S1 anterior and posterior fusion, assistant surgeon, and inpatient stay x 3 days. The request for out-patient medical clearance for surgery was non-certified as there was no evidence of medical issues to support the medical necessity of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient medical clearance for surgery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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). Pre-operative 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 males 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.