

Case Number:	CM15-0056556		
Date Assigned:	04/01/2015	Date of Injury:	12/01/2008
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/25/2015

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 47-year-old male who sustained an industrial injury on 12/01/08. Injury occurred when he was lifting a sheet of plywood and experienced a sharp back and snapping sensation to the low back. Past medical history was positive for hypertension. The 4/15/10 lumbar spine MRI documented an L4/5 disc herniation with extrusion. The injured worker had been authorized for an anterior lumbar interbody fusion of L4/5, laminectomy of L4/5, including decompression foraminotomy at L5/S1. The 1/6/15 treating physician report indicated that pre-operative lab testing demonstrated a mildly elevated liver function testing and elevated lipids. Records indicated that the patient appeared jaundiced and had a tremor with symptoms of vertigo. The treating physician report has requested medical clearance to rule-out active coronary artery disease and neurology clearance relative to symptoms of vertigo. The 2/24/15 utilization review non-certified the request for pre-op medical clearance as there was no documentation of significant co-morbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op 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 males have known occult increased cardiovascular risk factors and pre-operative testing showed elevated lipids. Pre-operative lab findings documented mildly elevated liver function testing with clinical findings of jaundice. Guideline criteria have been met based on pre-operative lab studies, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.