

Case Number:	CM15-0058822		
Date Assigned:	04/03/2015	Date of Injury:	09/23/2014
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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: Minnesota, Florida
 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 32 year old man sustained an industrial injury on 9/23/2014. He twisted his back on the stairs while trying to avoid a large object that was thrown at him.. Diagnoses include low back pain, and lumbar spine herniated discs and foraminal stenosis with instability, spondylolisthesis, and radiculopathy at L4-5 and L5-S1. Treatment has included oral medications, acupuncture, physical therapy, epidural steroid injection, and pending lumbar laminectomy at 2 levels. If this is not effective a fusion may also be necessary. Physician notes dated 10/15/2014 document complaints of severe back pain. The worker received an injection of Toradol during this visit. Recommendations included Medrol, Etodolac, Orphenadrine Citrate ER, Tramadol/APAP, acupuncture, physical therapy, epidural steroid injection, and lumbar laminectomy at 2 levels. The surgery has been certified. The disputed issue pertains to medical clearance with an internist prior to the surgical procedure. This was denied by Utilization Review as there were no documented co-morbidities that would warrant a consultation. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 medical clearance with specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 9293.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general.

Decision rationale: ODG guidelines recommend a history and physical examination to determine comorbidities as an alternative to routine preoperative testing for the purposes of determining fitness for anesthesia and identifying patients at high risk of postoperative complications. Depending upon the clinician's findings, selective testing and appropriate consultations may be necessary. Office visits to the offices of medical doctors are recommended if there is a need for consultation per guidelines. The injured worker is 32 years old and the available documentation does not indicate any significant comorbidities that would necessitate a medical consultation for clearance. As such, the request for a preoperative medical clearance with specialist is not medically necessary.