

Case Number:	CM15-0060815		
Date Assigned:	04/07/2015	Date of Injury:	11/11/2011
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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 was a 38-year-old male who sustained an industrial injury on 11/11/11. The injury occurred when he was getting out of a car and his holster caught in the door, twisting his lower back. Past medical history was positive for gastroesophageal reflux disease and long-term use of opiates and non-steroidal anti-inflammatory drugs. He underwent L4/5 and L5/S1 laminectomy and discectomy on 11/26/14. The 9/30/14 lumbar MRI documented surgical changes at L4/5 and L5/S1 with disc desiccation at L4/5 and granulation tissue causing mass effect and flattening the thecal sac and encasing the right L5 nerve root. There was mild to moderate canal stenosis and a disc protrusion that caused low-grade foraminal stenosis. At L5/S1, there was granulation tissue that encased the right S1 nerve root. The 2/20/15 treating physician report cited continued low back and right greater than left leg pain. He reported right leg weakness and buckling, and posterior calf numbness. Activities of daily living were impaired. Physical exam documented markedly limited range of motion, lumbar tenderness, equivocal straight leg raise, and 4/5 right quadriceps, tibialis anterior, and extensor hallucis longus. The treatment plan recommended L4/5 and L5/S1 anterior lumbar interbody fusion. The 3/6/15 utilization review certified the request for anterior lumbar interbody fusion at L4/5 and L5/S1 and vascular surgeon to assist. The request for pre-operative clearance was denied, as there was no rationale to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance: 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). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 pg.

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. Guideline criteria have been met based on patient's age, long-term use of non-steroidal anti-inflammatory drugs, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.