

<b>Case Number:</b>	CM15-0081855		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 11/26/2012. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, lumbar injections/blocks, and conservative therapies. Currently, the injured worker complains of persistent low back pain with radiating pain into the right lower extremity and associated tingling in the right foot. The diagnoses include lumbosacral discopathy with right lower extremity radiculopathy, L4-5 disc protrusion and bilateral facet arthropathy, and status post lumbar surgery (1989). The request for authorization included pre-operative clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative testing general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; March 15, 2013 Volume 87, Number 6.

**Decision rationale:** In this case, the claimant was in the usual state of health. There was no indication of cardio/pulmonary risk factors. The pre-op clearance did not specify the details necessary for clearance. Low- risk surgeries require minimal diagnostics as noted in the referenced literature. The request for pre-op clearance is not medically necessary.