

<b>Case Number:</b>	CM14-0115658		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old male who reported an injury on 09/07/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of L4-5 and L5-S1 disc herniation and stenosis with left lower extremity radiculopathy, stress and depression, status post L4-5 and L5-S1 micro discectomy on the left side, recurrent disc herniation, status post revision micro discectomy, and rule out recurrent disc herniation at L4-5 and L5-S1. Past medical treatment consists of physical therapy, surgery, and medication therapy. Medications include Flexeril and Norco. On 06/19/2014, the injured worker underwent an MRI of the lumbar spine, which revealed straightening of the normal lumbar lordosis with an element of developmental central canal stenosis. On 06/20/2014, the injured worker complained of low back pain. The physical examination had it noted that the injured worker's pain rate was 8/10. Physical examination of the lumbar spine revealed severe sciatic notch tenderness. Range of motion was decreased. Straight leg raise test was positive on the left at 20 degrees and 60 on the right. The motor strength testing revealed weakness in the left extensor hallucis longus, tibialis anterior, gastrocnemius, and peroneus longus at 4/5. Weakness was also noted in the right extensor hallucis longus and tibialis anterior at 4/5. Sensory examination revealed decreased light touch over the posterolateral left ankle and into the lateral aspect of the left foot. Medical treatment plan is for the injured worker to have internal medicine preoperative clearance. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine per-operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back, preoperative testing.

**Decision rationale:** The request for Internal medicine per-operative clearance is not medically necessary. The Official Disability Guidelines recommend any ECG for patients undergoing a high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Patients with signs and symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. The submitted documentation lacked evidence of signs and symptoms of active cardiovascular disease. Additionally, it is unclear if the injured worker was undergoing a high risk surgery or is undergoing intermediate risk surgery that have additional risk factors. Furthermore, the rationale from the provider was not submitted for review. Given the above, the request is not medically necessary.