

Case Number:	CM14-0147107		
Date Assigned:	09/12/2014	Date of Injury:	11/27/2009
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 53-year-old female was reportedly injured on November 27, 2009. The mechanism of injury is noted as a minor blunt force trauma while she was getting out of her truck to use the restroom, she "banged her head against a frame." The most recent progress note, dated July 1, 2014, indicates that there were ongoing complaints of neck pain with radiation to the left arm, and lower back pain that radiates down both legs. The physical examination demonstrated an antalgic gait, increased pain with range of motion, positive straight leg raise on the right lower extremity, and decreased sensation in the right L4 distribution. Diagnostic imaging studies were provided and include x-rays, which showed spondylolisthesis at L4-L5 and L5-S1, with instability on flexion and extension. Additionally, a MRI showed findings of spondylolisthesis at the L5-S1 level. Previous treatment includes anterior cervical decompression and fusion at C5-6 and C6-7, as well as physical therapy, chiropractic treatment, acupuncture, and an epidural steroid injection. A request had been made for preoperative medical clearance for surgical intervention and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical 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, Treatment in Workers Comp 18th edition, 2013 Updates, Low Back chapter, Preoperative Clearance, general

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul;62 (2):387-396

Decision rationale: This topic is not addressed by the MTUS, ACOEM, or ODG, and the journal, American Family Physician, was referenced. In some cases, the surgical team may consult an internist to obtain a formal preoperative evaluation, which helps minimize risk by identifying correctable abnormalities and by determining whether additional monitoring is needed or whether procedure should be delayed so that an underlying disorder can be controlled optimally. Since there is no indication for the surgical intervention, the request for medical clearance is not medically necessary.