

Case Number:	CM14-0165167		
Date Assigned:	10/13/2014	Date of Injury:	03/24/2007
Decision Date:	01/02/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Surgeon, and is licensed to practice in South Carolina and Georgia. 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 38-year-old male who reported an injury on 03/24/2007. The mechanism of injury was not specified. His diagnoses included lumbar radiculitis and lumbar postlaminectomy syndrome. His past treatments included physical therapy, use of a TENS unit, chiropractic therapy, acupuncture, extracorporeal shock wave therapy, psychological treatment, and epidural steroid injections. The diagnostic studies included an EMG/NCV of the bilateral upper extremities performed on an unspecified date, which showed cubital tunnel syndrome of an unspecified side. A CT of the lumbar spine was performed on an unspecified date and revealed neuroforaminal spinal stenosis at the L5-S1 level. His surgical history included a laminectomy and microdiscectomy of the left L5-S1 and an exploratory foraminotomy and discectomy of the L5-S1. On 11/21/2014, the injured worker presented with continued low back pain that radiated into the bilateral posterior thighs with associated numbness. The objective findings revealed a positive straight leg raise of an unspecified side and decreased sensation of the posterior thighs. Current medications were not provided within the documentation. The treatment plan was noted to include a bilateral transforaminal epidural steroid injection to the L5-S1 level and continuation of a home exercise program. A request was received for a preoperative medical clearance; however, a rationale was not provided. A Request for Authorization form was submitted for review on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearance>

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: Society of General Internal Medicine <http://www.choosingwisely.org/doctor-patient-lists/society-of-general-internal-medicine/>

Decision rationale: The request for a preoperative medical clearance is not medically necessary. According to the Society of General Internal Medicine Online, "Pre-operative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and, in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk." There was a lack of documentation to show an authorized surgical procedure. Therefore, the request for a preoperative medical clearance is not appropriate at this time. As such, the request for a preoperative medical clearance is not medically necessary.