

Case Number:	CM14-0212841		
Date Assigned:	12/30/2014	Date of Injury:	11/11/2010
Decision Date:	02/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: New York, New Hampshire, Washington
 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 patient has a date of injury of November 11, 2010. The patient has chronic low back pain. MRI lumbar spine from 2013 shows previous laminectomy defects and posterior fusion at L5-S1. At L4-5 does broad-based disc protrusion. CT scan of the lumbar spine shows foraminal narrowing contacting me L5 nerve roots. There is facet arthropathy at L4-5. On physical examination the patient has an antalgic gait. There is tenderness palpation of the lumbar spine. The patient has had epidural steroid injection at L5-S1. Additional physical examination shows positive straight leg raise on the left. There is normal motor strength. The patient has L5 radicular complaints. The patient has been indicated for surgical left L5 foraminotomy. At issue is whether preoperative specific testing is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: pre-op medical clearance/labs/chest x-ray/EKG: 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-TWC)

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: Cardiac risk assessment: decreasing postoperative complications.

Decision rationale: The medical records do not indicate that the patient has significant medical comorbidities that would warrant preoperative medical evaluation. In addition foraminotomies surgeries Limited surgery with limited blood loss. Is relatively low risk surgery. Medical necessity for preoperative evaluation including medical clearance, preoperative labs chest x-ray and EKG not met.

Associated surgical service: pneumatic compression device & supplies (rental or purchase):
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)

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 pain chapter.

Decision rationale: ODG guidelines do not recommend pneumatic compression devices for lumbar decompressive surgery. The surgery is relatively low risk surgery with low risk for DVT. DVT prophylaxis is not medically necessary and lumbar decompressive surgery has not been shown to reduce the rate of deep vein thrombosis or pulmonary embolism. Pneumatic compression devices not medically necessary.