

Case Number:	CM14-0215714		
Date Assigned:	01/05/2015	Date of Injury:	01/10/2013
Decision Date:	03/05/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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: Minnesota, Florida
 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 injured worker sustained a low back injury while unloading a forklift on January 10, 2013. The mechanism of injury was a direct blow to his lower back by a truck. Upon impact he was pushed against his forklift. X-rays of the lumbar spine dated 11/14/2013 revealed decreased range of motion of the lumbar spine on flexion and extension. He was status post anterior and posterior interbody fusion at L4-5 and L5-S1. A subsequent MRI scan dated 1/20/2014 revealed postsurgical changes with fusion of L4, L5 and S1. Minimal anterolisthesis of L5 on S1 was noted with mild narrowing of the neural foramina bilaterally at L5-S1. There was minimal abutment of the exhibiting right and left L5 nerve roots. There was no disc protrusion. The injured worker continues to experience pain. A request for hardware removal and 3 day in-hospital stay has been certified by utilization review. However, a request for preoperative medical clearance was noncertified by utilization review in light of the absence of significant risk factors. His age is reported to be under 50 and there are no significant medical issues. This is appealed to an independent medical review.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Preoperative testing, general, Pre-operative electrocardiography.

Decision rationale: ODG guidelines indicate that an alternative to routine preoperative testing for the purposes of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination with selective testing based on the clinician's findings. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Inpatient orthopedic surgery is considered intermediate risk. The injured worker is under 50 years old and there are no significant medical issues. Therefore a routine preoperative medical clearance is not medically necessary. However, a careful history and physical examination is suggested to determine comorbidities and additional risk factors. In the presence of such cardiovascular risk factors and comorbidities, appropriate consultation may be needed. The request as submitted for medical clearance is not supported by rationale and as such, the medical necessity of the request is not established.