

<b>Case Number:</b>	CM15-0103848		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 37-year-old female who sustained an industrial injury on 7/26/13. Injury occurred when her foot was caught under a flatbed cart, resulting in an ankle sprain. She reportedly developed back pain due to wearing a Cam boot. Conservative treatment included aqua therapy, physical therapy, medications, and activity modification. The 10/27/14 lumbar spine MRI impression documented a 12-13 mm posterior central and right paracentral disc protrusion at L5/S1 resulting in severe spinal stenosis and compressing the exiting S1 nerve roots, right worse than left. There was bilateral facet arthropathy at L5/S1. There was a 4-5 mm posterior central disc protrusion at L4/5 with mild facet arthropathy resulting in mild spinal stenosis. The 4/29/15 treating physician report cited right sided low back pain radiating to the right lower extremity with numbness and weakness. Physical exam documented height 5/6, weight 230 pounds, mild loss of lumbar range of motion, leg pain with lumbar flexion, positive straight leg raise, absent right Achilles reflex, 4/5 ankle flexion, eversion weakness, and decreased S1 dermatomal sensation. Current diagnoses included right L5-S1 disc protrusion, right S1 radiculopathy and lumbar spine stenosis. The treatment plan included right L5-S1 microdiscectomy with associated surgical services. The 5/6/15 utilization review certified the request for right L5/S1 microdiscectomy. The request for pre-operative medical clearance was non-certified based on the injured worker's age and lack of documented medical comorbidities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op Medical Clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov/content.aspx?id=48408](http://www.guideline.gov/content.aspx?id=48408), Preoperative protocol, and Healthcare protocol.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient large body habitus, plausible long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.