

Case Number:	CM15-0018192		
Date Assigned:	02/06/2015	Date of Injury:	10/24/2012
Decision Date:	07/03/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/30/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 36-year-old male, who sustained an industrial injury on October 24, 2012. Treatment to date has included epidural steroid injection, medications, and spine surgeon consultation. An evaluation on October 28, 2014 revealed that the injured worker reports lumbar spine pain and reports moderate distress when getting in and out of a chair or when standing up. He stands with a forward flexed posture at the lumbar spine and reports diffuse tenderness to palpation. A CT of the lumbar spine reveals broad base disc bulge, moderate left neural foraminal stenosis, nerve root sleeve effacement and abutment and right facet joint degenerative ossicle at L4-L5 and reveals mild anterior spondylosis, posterior disc protrusion with calcification, central canal narrowing, moderate-severe bilateral neural foraminal stenosis and probable impingement on the bilateral foraminal nerves at L5-S1. The evaluating physician noted that the injured worker had been evaluated by a spine specialist and surgery was planned for the injured worker. The diagnoses associated with the request include lumbar spinal stenosis without neurogenic claudication, lumbar disc disorder and thoracic or lumbosacral neuritis or radiculitis. The treatment plan includes spinal surgery and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance/Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pre-Operative Clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states pre-operative clearance is needed for risk stratification based on type of surgery and patient's co-morbidities. However, in this case, the surgical procedure has been denied and therefore pre-operative clearance is not necessary.