

<b>Case Number:</b>	CM15-0147864		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: 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 is a 32 year old male with an industrial injury dated 06-21-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation at L5-S1 and lumbar radiculopathy. In a progress report dated 07-15-2015, the injured worker reported low back pain with radiation into his left buttocks and lateral thighs associated with numbness. Objective findings (07-15-2015) revealed slow guarded gait, moderate tenderness in the lumbosacral midline, decreased lumbar range of motion and decreased sensation in the left lateral thigh. Treatment recommendations included medication management and left L5-S1 laminectomy and discectomy. According to the progress note dated 07-21-2015, the injured worker reported severe low back pain with radiation of pain, numbness and tingling down the left leg down the distal calf. Pain level was 4-8 out of 10 on a visual analog scale (VAS). Current medications include Naproxen and Gabapentin. The injured worker reported mild improvement from transforaminal epidural steroid injection (ESI) on the left at L5 and S1 on 05-06-2015. The injured worker also reported persistent stress and anxiety due to persistent pain. Objective findings (07-21-2015) revealed mildly antalgic gait, decreased lumbar range of motion limited by pain, and decreased sensation at L5 dermatome on the left. The treating physician reported that the Magnetic Resonance Imaging (MRI) dated 12-23-2012 revealed a "5 millimeter posterior central L5-S1 disc herniation, which abuts the anterior thecal sac. There was an annular tear of the L5-S1 disc and lumbar muscular spasm." Treatment has included MRI of lumbar spine, 20 visits of chiropractic treatment, 20 visits of acupuncture in the past which temporarily decreased pain, prescribed medications, epidural steroid injection and periodic follow up visits. The treatment plan included follow up in six weeks, updated Magnetic Resonance Imaging (MRI) of lumbar spine and pain psychological consult. The injured worker's work status is temporarily partially

disabled. The treating physician prescribed services for pre- op medical clearance, now under review. The utilization review dated 07-29-2015, non-certified pre-operative medical clearance Qty 1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pre-op clearance Qty 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Preoperative testing, general.

**Decision rationale:** The injured worker is a 32-year-old male with a history of low back pain. MRI of the lumbar spine dated 12/23/2012 revealed a 5 mm posterior central L5-S1 disc herniation which abuts the anterior thecal sac. This is associated with an annular tear. A lumbar laminectomy and discectomy has been certified by utilization review. The disputed request pertains to preoperative medical clearance. A review of the medical records does not indicate significant medical issues for which preoperative medical clearance is indicated. The ODG guidelines recommend a thorough history and physical examination with selective testing based upon the clinician's findings. Office visits to the medical offices of providers is encouraged. As such, if the physical examination reveals significant medical issues, a preoperative clearance will be appropriate. However, the documentation provided at this time does not indicate any such medical issues and therefore the request for preoperative clearance is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.