

<b>Case Number:</b>	CM15-0077616		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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:

The injured worker is a 50-year-old man who sustained an industrial injury on 8/26/09. Injury occurred when he tried to lift a weight rack. Past medical history was negative. He underwent L4-S1 anterior/posterior fusion with instrumentation on 3/7/14. The 2/16/15 treating physician report cited low back pain radiating to his left buttocks and down his leg primarily in the lateral thigh and calf. He was working without restriction and taking 2 to 3 Norco per day. Physical exam documented the patient stood with level shoulders and pelvis, and had normal lumbar lordosis and thoracic kyphosis. He rose slowly from sitting to standing and his gait was slow and guarded. He was able to walk on his toes and heels with observed deficits. Lower extremity motor function and sensation were intact. CT scan and radiographs were consistent with a successful L4-S1 fusion with no residual central or foraminal stenosis. The treatment plan recommended a trial of a spinal cord stimulator due to persistent symptoms of radiating left leg pain without evidence of residual stenosis or failed fusion that required narcotic analgesic medications on a daily basis. The 3/18/15 utilization review non-certified the request for pre-operative medical clearance as the associated request for a spinal cord stimulator was not clinically indicated. There was no evidence that the spinal cord stimulator trial had been subsequently certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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. A pre-operative medical clearance would be appropriate for this 50-year-old male based on his age. However, there is no documentation in the records provided that the associated spinal cord stimulator trial had been certified or that it meets guidelines criteria for medical necessity had been went. Therefore, this request is not medically necessary.