

Case Number:	CM15-0092609		
Date Assigned:	05/20/2015	Date of Injury:	01/10/2013
Decision Date:	10/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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 51-year-old male who sustained an industrial injury on 1/24/13. Injury occurred while he was lifting a case of sodas from 2 feet off the ground with onset of sharp low back pain. Past medical history was positive for kidney stones and skin cancer. The 3/4/13 lumbar spine MRI showed slight disc bulge at L4/5 and L5/S1, mild facet arthropathy L4/5 and L5/S1 and mild left lateral recess stenosis at L4/5. The 4/15/15 treating physician report cited on-going predominantly left-sided low back pain radiating down the left buttocks and posterior thigh and occasionally into the calf, and intermittent right anterior thigh numbness. Medications included ibuprofen, tramadol, and Protonix. Physical exam documented normal gait with no evidence of weakness on heel/toe walking. There was left L4/5 and L5/S1 tenderness, increased pain with lumbar extension and lateral flexion, and decreased pain with forward flexion. Deep tendon reflexes were +2 and symmetrical. There was 4/5 right extensor hallucis longus weakness. Imaging showed a slight disc bulges at L4/5 and L5/S1 with facet arthropathy and mild left lateral recess stenosis at L4/5. He had failed epidural steroid injections and physical therapy. Requests for chiropractic treatment and facet blocks had been denied. Surgery was recommended, and a new MRI scan was requested. Authorization was requested for bilateral L4/5 and L5/S1 laminotomy and foraminotomy with associated surgical services including pre-operative medical clearance. The 5/4/15 utilization review non-certified the request for pre-operative medical clearance as the associated surgical request was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 males have known occult increased medical/cardiac risk factors that generally support a pre-operative medical clearance for lumbar spine surgery. However, there is no evidence in the medical records that the surgery has been found medically necessary. Therefore, this request is not medically necessary.