

<b>Case Number:</b>	CM15-0094919		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 55-year-old male who sustained an industrial injury on 6/21/11. Injury occurred while he was lifting 100-pound table tops. Past medical history was positive for gastritis, chronic venous hypertension, significantly elevated cholesterol, and prior EKG findings of possible left atrial enlargement. He underwent a left L3/4 laminotomy and discectomy in 2011. The 12/15/14 lumbar spine MRI documented congenitally shortened pedicles leading to diffuse narrowing of the spinal canal. There was mild facet arthropathy from T11/12 to L2/3. There was moderate facet arthropathy at L3/4. At L4/5, there was a 3-4 mm disc bulge in conjunction with short pedicles, moderate facet hypertrophy, and mild to moderate ligamentum thickening causing mild to moderate canal stenosis and mild neuroforaminal narrowing with contact of the descending L5 nerve roots. At L5/S1, there was a right disc extrusion extending into the subarticular recess and compressing the descending right S1 nerve root. There was a grade 1 retrolisthesis at L5/S1, and mild canal and left foraminal stenosis. The 4/1/15 treating physician report cited persistent low back and bilateral leg pain with numbness and tingling. Physical exam documented normal gait, normal heel/toe walk, moderate loss of lumbar range of motion with pain, normal lower extremity strength, numbness in the right posterior and lateral calf, diminished right Achilles reflex, and positive right straight leg raise. The diagnosis was L5/S1 disc herniation with radiculopathy, and status post left L3/4 laminotomy and discectomy. The treatment plan recommended right L5/S1 laminectomy and discectomy. Pre-operative clearance was requested. The 4/20/15 utilization review certified the request for right L5/S1

laminectomy and discectomy. The associated request for pre-operative medical clearance was non-certified as there was no rationale provided to support the medical necessity of this request.

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

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

**Pre-operative clearance for authorized right L5-S1 laminectomy and discectomy:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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., page 40.

**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 cardiovascular risk factors. This injured worker has a significant past medical history for potential cardiovascular issues. Guideline criteria have been met based on patient's age, past medical history, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.