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| Case Number: | CM13-0013833 | | |
| Date Assigned: | 03/10/2014 | Date of Injury: | 10/11/2010 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/19/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 year old female who was injured on 10/11/2010 while performing her usual and customary work related duties. Prior medication history included metformin, hydrochlorothiazide, and Cozaar. Diagnostic studies reviewed include MRI of the cervical spine dated 07/19/2012 revealed multilevel degenerative disk disease at C4-C7 with stenosis. There are no updated studies available for review. Peer review dated 04/26/2013 indicates the patient presented with complaints of left arm pain rated as 9/10 with associated weakness. She also reported significant neck pain. On exam, range of motion of the cervical spine revealed flexion to 30; extension to 50; left lateral bending to 35; right lateral bending to 35; and bilateral rotation to 70. There is moderate pain on palpation of the cervical paraspinal and trapezial musculature. The patient had negative Tinel's at the wrists and elbows. Neurologic exam revealed 4+/5 strength in the left in all muscle planes. The patient is diagnosed with chronic intractable axial neck pain, left radiating arm pain and numbness; severe left arm pain and numbness, most likely C6, C7 nerve root related; large disc herniations/extrusions at C5-6 with severe compression on the left C7 as well as C6 nerve roots; cervical spondylosis. Progress report dated 08/05/2013 documented the patient to have complaints of neck and arm pain. There are no objective findings documented. The patient has been recommended for surgery of C5-C7 anterior cervical discectomy and fusion and has a request for pre-anesthesia and lab work. Unfortunately, the surgery was denied and therefore the request for pre-op workup was denied as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-ANESTHESIA APPOINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations And Consultations pages 503-524

Decision rationale: As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, anesthesia was previously planned for spinal surgery in this IW. Since the surgery has been denied, the medical necessity of pre-anesthesia consultation is not established. As such, the request is not medically necessary.

LABS: CBC, PT, PTT, BMP, HGH ALC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Insert Chapter>, page(s) <Insert Page Number or Numbers> Official Disability Guidelines (ODG) Low Back, Preoperative Lab

Decision rationale: Per guidelines, pre-op lab testing is indicated is performed before surgical procedures; which a helpful to stratify risk, direct anesthesia choice and guide post-op management. In this case, the surgery has not been authorized. Accordingly, the medical necessity of the request is not established.