

Case Number:	CM13-0044802		
Date Assigned:	01/03/2014	Date of Injury:	09/06/2010
Decision Date:	03/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 52-year-old female who reported injury on 09/08/2010 with the mechanism of injury being repetitive trauma. The clinical documentation indicates the patient was approved for a C5-6 and C6-7 anterior cervical disc fusion. The patient's diagnoses were noted to be C5-6 and C6-7 disc protrusions and cervicalgia. The request was made for an outpatient preoperative clearance for the cervical spine

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Outpatient Pre-Operative Clearance for the Cervical Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: choosingwisely.org+opreoperative+surgical+clearance&submit.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the patient was approved for an (ACDF) Anterior Cervical Disc Fusion. Given

the above, the request for outpatient preoperative clearance for the cervical spine is medically necessary.