

Case Number:	CM14-0104200		
Date Assigned:	09/12/2014	Date of Injury:	02/21/2014
Decision Date:	10/06/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Orthopedic Surgery, has a subspecialty in Spine 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 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 has chronic neck pain and has been recommended for C3-4 for ACDF surgery. At issue is whether preoperative testing is medically necessary. The medical records supports the need for C3-4 cervical surgery. At issue is whether several preoperative tests are medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiac Stress Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: There is no medical necessity for cardiac stress testing in this patient. There is no documentation of prior cardiac history and the medical records. A history and physical will be performed along with an EKG. This is routine and appropriate in this patient. However preoperative cardiac stress testing is not supported by guidelines and there is no evidence in the medical records to support the need for preoperative stress testing. The patient does not have her previous cardiac history. Therefore the request is not medically necessary.

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: Routine chest x-ray and laboratory testing are no longer considered medically necessary. Single level ACDF surgery is routine surgery that was done typically with very limited blood loss and a very short hospitalization and operative time. Guidelines do not support routine chest x-ray and laboratory tests prior to the surgery. Therefore the request is not medically necessary.

Pre-Operative Labs to Include: Complete Blood Count (CBC), Complete Metabolic Profile (CMP), Prothrombin Time (PT), Partial Thromboplastin Time (PTT), Urine Analysis (UA), Type and Screen (T&S) Blood Tests: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: Guidelines do not support the use of routine laboratory testing prior to single level ACDF surgery. This is routine surgery with short operative time and a little blood loss. Preoperative lab work is not medically necessary. The medical records do not support the need for these preoperative tests. Therefore the request is not medically necessary.

Post-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: Postoperative clearance is not medically necessary. The medical records do not support the need for postoperative medical clearance. The patient does not have any

establish risk factors and the medical records that would make postoperative medical clearance necessary. Therefore the request is not medically necessary.