

Case Number:	CM14-0010194		
Date Assigned:	02/21/2014	Date of Injury:	05/13/2012
Decision Date:	06/11/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 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 claimant is a 36 year old male who sustained an industrial injury on 5/13/12. Exam note dated 12/5/13, demonstrates complaint of neck pain and stiffness going down the left upper extremity. Exam demonstrates weakness in bicep, wrist flexion and extension graded as 4/5 on the left. Diagnoses include severe C6 radiculopathy. Request is made for anterior cervical discectomy and fusion C5/6.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROUTINE PRE-OP MEDICALS WORK - UP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Updated 12/27/13) Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Preoperative Testing.

Decision rationale: The Official Disability Guidelines states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 36 year old without comorbidities or physical examination findings

concerning for preoperative testing prior to the proposed surgical procedure. Therefore, the request for routine pre-op medical work-ups is not medically necessary and appropriate.