

<b>Case Number:</b>	CM14-0012031		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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:

This is a 62-year-old male with a June 6, 2013 date of injury. A specific mechanism of injury was not described. A January 24, 2014 determination was non-certified given that an associated surgical procedure was also non-certified. Records indicate that on January 24, 2014 a C3-6 anterior cervical discectomy fusion (ACDF) was non-certified. A January 14, 2014 medical report identified an evaluation of neck and arm pain of seven months duration. There is note of prior physical therapy and medications. Pain was described as stabbing pain in the right shoulder with spasms and headaches that radiate to the occiput and between the shoulder blades. Exam revealed normal sensory, normal deep tendon reflexes (DTRs). Left opponens strength was 4+/5. Recommendation was for a C3-6 ACDF. An August 8, 2013 cervical spine MRI report revealed no significant interval change. The degenerative changes are long standing as well as the changes to the cervical cord. There are no changes, which would be secondary to the injury dated June 6, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**Decision rationale:** There was an associated request for a cervical decompression and fusion, which was non-certified. There was no indication that such procedure was certified/scheduled. In absence of this information the associated pre-operative laboratory testing was not medically necessary.

**Urinalysis (UA):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**Decision rationale:** There was an associated request for a cervical decompression and fusion, which was non-certified. There was no indication that such procedure was certified/scheduled. In absence of this information the associated pre-operative laboratory testing was not medically necessary.

**Pre-Operative CBC (complete blood count):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**Decision rationale:** There was an associated request for a cervical decompression and fusion, which was non-certified. There was no indication that such procedure was certified/scheduled. In absence of this information the associated pre-operative laboratory testing was not medically necessary.

**Chest x-ray (2 views):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**Decision rationale:** There was an associated request for a cervical decompression and fusion, which was non-certified. There was no indication that such procedure was certified/scheduled. In absence of this information the associated pre-operative imaging testing was not medically necessary.

**EKG (12-Lead):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**Decision rationale:** There was an associated request for a cervical decompression and fusion, which was non-certified. There was no indication that such procedure was certified/scheduled. In absence of this information the associated pre-operative EKG testing was not medically necessary.

**Pre-Operative Exam:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**Decision rationale:** There was an associated request for a cervical decompression and fusion, which was non-certified. There was no indication that such procedure was certified/scheduled. In absence of this information the associated pre-operative clearance was not medically necessary.