

Case Number:	CM14-0138792		
Date Assigned:	09/10/2014	Date of Injury:	07/08/2010
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/27/2014

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 Texas. 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 injured worker is a 49 year old female who reported an injury on 07/08/2010 with an unknown mechanism of injury. The injured worker was diagnosed with biomechanical neck pain, cervical degenerative joint disease, cervicgia, right shoulder pain, and cervical spine stenosis. The injured worker was treated with physical therapy, epidurals, and medications. The injured worker had official cervical spine MRI on 11/27/2012, official cervical spine X-rays on 03/26/2014, official lab work on 04/28/2014, official cervical spine NCS on 05/05/2014, official cervical spine MRI on 08/11/2014, and official cervical spine X-rays on 08/11/2014. The injured worker had no surgical history included in the medical records. On the clinical note dated 08/15/2014, the injured worker complained of neck pain and bilateral arm pain that radiated over the cape of her shoulder rated 7/10. On the clinical note dated 07/11/2014, the injured worker had 50% abnormal range of motion to the neck, normal sensation and motor strength. The injured worker was prescribed Norco, soma, voltaren, and Neurontin; dosage and frequency not provided. The treatment plan was for Pre-Operative medical clearance. The rationale for the request was not indicated. The request for authorization was submitted for review on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-Op Medical Clearance:American Society of

Anesthesiologists Practice Advisory for Pre-anesthesia Evaluation Practice Advisory for Pre-anesthesia Evaluation
A Report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation

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, general.

Decision rationale: The request for Pre-Operative medical clearance is not medically necessary. The injured worker is diagnosed with biomechanical neck pain, cervical degenerative joint disease, cervicgia, right shoulder pain, and cervical spine stenosis. The Official Disability Guidelines state preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker has recent X-rays, MRI, and NCS of the cervical spine and laboratory results. The medical records lack documentation indicating the injured worker has comorbidities that indicate preoperative testing. There is a lack of documentation indicating the injured worker has diabetes, cardiac, pulmonary, urinary, or digestive issues that would warrant preoperative testing. The submitted request does not indicate the specific tests which are being requested. Additionally, the documentation does not indicate that a surgical procedure has been approved and scheduled for which clearance would be indicated. As such, the request for Pre-Operative medical clearance is not medically necessary.