

<b>Case Number:</b>	CM14-0178339		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/17/1994
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 48 year old female with a date of injury of 06/17/1994 when a heavy piece of luggage fell back down over her head while she was trying to keep it into the overhead bin. Her treatment included physical therapy, medications, MRI of the neck, CT scan of neck, acupuncture, epidural steroid injections, modified duty and medications. An MRI of the cervical spine done on 02/26/14 revealed C4-C5 right osteophyte into the foramen with retrolisthesis of C4 on C5 and at C5-6, central and left osteophyte causing central and bilateral foraminal stenosis. The clinical note from 08/13/14 was reviewed. The subjective complaints included cervical spine pain with radiation of pain into the shoulder with numbness and tingling into the hands. Symptoms were awakening her at night. Pertinent examination findings included 2+ spasms of paraspinal muscles with limited range of motion of cervical spine, positive Spurling's test bilaterally, right upper extremity biceps DTR 1+, decreased right upper extremity strength of 4/5. The diagnoses included C4-C5, C5-C6 disc protrusions with neuroforaminal narrowing, facet arthropathy at C5-C6, cervical cord narrowing and spinal stenosis with kyphotic deformity at C4-C5 and C5-C6. She had no other significant medical problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92-93.

**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, lumbar and thoracic, Preoperative testing

**Decision rationale:** The employee was a 48 year old female with a date of injury of 06/17/1994 when a heavy piece of luggage fell back down over her head while she was trying to keep it into the overhead bin. Her treatment included physical therapy, medications, MRI of the neck, CT scan of neck, acupuncture, epidural steroid injections, modified duty and medications. An MRI of the cervical spine done on 02/26/14 revealed C4-C5 right osteophyte into the foramen with retrolisthesis of C4 on C5 and at C5-6, central and left osteophyte causing central and bilateral foraminal stenosis. The clinical note from 08/13/14 was reviewed. The subjective complaints included cervical spine pain with radiation of pain into the shoulder with numbness and tingling into the hands. Symptoms were awakening her at night. Pertinent examination findings included 2+ spasms of paraspinal muscles with limited range of motion of cervical spine, positive Spurling's test bilaterally, right upper extremity biceps DTR 1+, decreased right upper extremity strength of 4/5. The diagnoses included C4-C5, C5-C6 disc protrusions with neuroforaminal narrowing, facet arthropathy at C5-C6, cervical cord narrowing and spinal stenosis with kyphotic deformity at C4-C5 and C5-C6. She had no other significant medical problems. According to Official Disability guidelines, preoperative testing including EKG, laboratory testing and further studies are mostly obtained because of protocol rather than medical necessity. The guidelines further add that the decision to order tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with symptoms or signs of cardiovascular disease should be evaluated with appropriate testing regardless of their preoperative status. Electrocardiogram is recommended for patients undergoing high risk surgery or those undergoing intermediate risk surgery with additional risk factors. The employee was being considered for total disc arthroplasty which is an intermediate risk procedure. She was 48 years old and had no significant medical problems. Hence the request for preoperative medical clearance is not medically necessary or appropriate given the lack of significant comorbid conditions.