MAXIMUS Federal Services

Case Number:	CM14-0180459		
Date Assigned:	11/05/2014	Date of Injury:	07/28/2013
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in sports medicine and is licensed to practice in Virginia and 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 67-year-old male who reported an injury on 07/28/2013. The injury reportedly occurred when he tried reaching over his head to get a tray filled with glasses which weighed approximately 30 pounds. His diagnosis was noted as cervical radiculopathy. His past treatments included medications. Diagnostic studies included a nerve conduction study report dated 09/08/2014, which revealed bilateral carpal tunnel syndrome. On 10/14/2014, the injured worker complained of pain radiating from the neck and left shoulder down to the arm, primarily to the second finger, difficulty walking and difficulty sleeping. Examination of the neck revealed limited range of motion, 2+ tenderness, 2+ spasm, and a positive Spurling's maneuver. His current medications included Colcrys, atorvastatin calcium, Lisinopril, and amlodipine besylate. The treatment plan included anterior cervical vertebrectomy, anterior cervical fusion with structural allograft, and anterior plate instrumentation to the C5, C6, and C7 levels. A request was received for a preoperative chest x-ray. The rationale for the request was not provided. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative chest x-ray: 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), 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, general.

Decision rationale: The request for a preoperative chest x-ray is not medically necessary. The Official Disability Guidelines states that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Clinical notes indicate that injured worker complained of pain radiating from the left shoulder down to the arm and the plan of treatment included surgery. However, there was no documented evidence of complaints of shortness of breath or difficulty breathing, and there were no significant findings to indicate that the injured worker was at risk for pulmonary issues. In the absence of clinical findings indicating the risk for pulmonary issues, the request is not supported. Therefore, the request is not medically necessary.