

Case Number:	CM14-0021138		
Date Assigned:	02/21/2014	Date of Injury:	01/23/2008
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family Medicine and is licensed to practice in Tennessee, California and Florida. 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 60 year old female who reported an injury to her neck. A clinical note dated 10/10/13 indicated the injured worker stating the initial injury occurred from repetitive nature of her occupation as an investment accounting analysis analyst. A clinical note dated 10/18/13 indicated the injured worker continuing with neck pain. The injured worker demonstrated 50 degrees of cervical flexion, 15 degrees of extension, and 65 degrees of left lateral rotation. A clinical note dated 12/11/13 indicated the injured worker complaining of arm and neck pain described as aching and burning sensation. The injured worker utilized Lidoderm patches, Flexeril, and Ultram. Upon exam the injured worker was identified as having pain with extension and left lateral rotation. The injured worker also reported painful right lateral rotation. The MRI of the cervical spine dated 12/17/13 revealed post-operative changes at C4 through C7 following anterior cervical fusion. Facet arthrosis and uncovertebral hypertrophy were identified at C3-4 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PREOPERATIVE COMPLETE BLOOD COUNT AND BASIC METABOLIC PANEL (BETWEEN 1/23/14 AND 3/9/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab

Decision rationale: The request is not medically necessary. No information was submitted regarding the need for pre-operative work up as no confirmation of pending surgery was provided in the clinical documentation submitted. Without the necessary confirmation of a surgery this request is not indicated as medically necessary based on Official Disability Guidelines (ODG).

1 PREOPERATIVE ELECTROCARDIOGRAPHY AND CHEST X-RAY (BETWEEN 1/23/14 AND 3/9/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative electrocardiogram (ECG) and Preoperative General Testing

Decision rationale: The request is not medically necessary. No information was submitted regarding the need for pre-operative work up as no confirmation of pending surgery was provided in the clinical documentation submitted. Without the necessary confirmation of a surgery this request is not indicated as medically necessary based on Official Disability Guidelines (ODG).

1 PREOPERATIVE HISTORY AND PHYSICAL EXAMINATION (BETWEEN 1/23/14 AND 3/9/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative testing General

Decision rationale: The request is not medically necessary. No information was submitted regarding the need for pre-operative work up as no confirmation of pending surgery was provided in the clinical documentation submitted. Without the necessary confirmation of a surgery this request is not indicated as medically necessary based on Official Disability Guidelines (ODG).