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| Case Number: | CM14-0031597 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 04/23/2012 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 03/12/2014 |

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 51-year-old male who reported injury on 04/23/2012. The documentation indicated there was a request for an anterior cervical disc fusion at C6-7 that was not recommended for certification. The mechanism of injury was the injured worker was in the process of transferring an obese resident from a bed to a wheelchair in a Hoyer lift and the lift began to fail and the injured worker hurt his left neck and shoulder region. The documentation of 01/31/2014 revealed the injured worker had strength within normal limits. There was diminished sensation through the left index and middle finger. The injured worker had a negative Spurling's. The documentation indicated the injured worker had an MRI of the cervical spine which demonstrated a broad-based disc bulge at C6-7 with associated disc desiccation with left greater than right foraminal narrowing. The treatment plan included an anterior cervical disc fusion at C6-7. The diagnosis was cervical disc herniation and cervical degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance, Labs, CBC, BMP, PT/PNR, UA: 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), (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter); ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

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 testing, do not address pre-op medical clearance Other Medical Treatment Guideline or Medical Evidence:<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: The Official Disability Guidelines indicate a preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for injured workers who have diseases that increase the risk of anemia or in injured workers in who significant perioperative blood loss is anticipated and coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding or those who take anticoagulants. The clinical documentation submitted for review failed to provide documented rationale for the requested services. Additionally, per the Society of General Internal Medicine Online, "preoperative assessment is expected before all surgical procedures." As the requested surgical intervention was found to be not medically necessary, the request for the above services is not medically necessary.