

Case Number:	CM14-0049252		
Date Assigned:	06/25/2014	Date of Injury:	09/26/2006
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 43-year-old male with a 9/26/06 date of injury. At the time (2/26/14) of request for authorization for pre-operative medical clearance, there is documentation of subjective (neck pain radiating to the bilateral trapezial region, worse on the left, with bilateral arm and hand weakness, and constant headaches) and objective (decreased sensation of the lateral forearm and thumb, decreased reflexes of the brachioradialis bilaterally, and positive Spurling's test bilaterally) findings, imaging findings (MRI of the cervical spine (1/2/14) report revealed a disc protrusion resulting in foraminal stenosis and impingement of the exiting nerve roots at C5-6), current diagnoses (cervicalgia, radiculitis, and C5/6 herniated nucleus pulposis), and treatment to date (medications, activity modification, cervical epidural steroid injection, and physical therapy). In addition, medical report plan identifies anterior cervical discectomy and fusion at C5-6 with pre-operative medical clearance.

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 Official Disability Guidelines, Treatment in Worker's Compensation; chapter low-back Pre-operative 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 Chapter, Preoperative lab testing.

Decision rationale: MTUS does not address this issue. ODG identifies that 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. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, radiculitis, and C5/6 herniated nucleus pulposus. However, despite documentation of a plan identifying anterior cervical discectomy and fusion at C5-6 with pre-operative medical clearance, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for pre-operative medical clearance is not medically necessary.