

<b>Case Number:</b>	CM14-0060542		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational Medicine 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:

The patient is a 53-year-old female who has submitted a claim for cervical spondylosis and myelopathy, herniated nucleus pulposus at C5-C6 and C6-C7, and left elbow sprain / strain associated with an industrial injury date of 10/27/2008. No progress report was made available for review. Per utilization review, dated 04/24/2014, patient complained of pain at the neck, bilateral shoulders, and elbows. Physical examination showed intact motor of upper extremities and range of motion of the cervical spine. Dysesthesia was noted at C5 dermatome. MRI of the cervical spine, dated 05/18/2010, demonstrated nonspecific straightening of normal cervical lordosis and query muscle strain versus secondary to degenerative changes. At C5-C6, there is a moderate to severe bilateral neural foraminal narrowing secondary to a 2 - 3 mm posterior disc bulge and uncovertebral osteophyte formation and mild canal stenosis. At C6-C7, there is a moderate to severe left and moderate right stenosis secondary to 2 -3 mm posterior disc bulge. Treatment to date has included left epicondylar release on 09/29/2009, medications, and physical therapy. The patient was scheduled to undergo anterior cervical decompression and fusion at C5-C7, iliac crest bone graft through separate fascial incision, and placement of prosthetic device instrumentation with cervical plating.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cell Saver Technician:** 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Autotransfusers.

**Decision rationale:** Atena states that autotransfusion may be indicated with procedures that may deplete blood volume. Autotransfusion and cell saver devices are considered experimental and investigational for all other indications. Autotransfusion and cell saver devices are not considered medically necessary for procedures that are expected to require less than two units of blood. In this case, there were no progress reports submitted for review. Therefore, the request for cell saver technician is not medically necessary.

### **1 Pre-Operative Diagnostic Exams (Electrocardiogram and 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 Treatment in Workers' Compensation, Online Edition Chapter: Low Back Preoperative electrocardiogram (ECG); <http://www.guideline.gov/content.aspx?id=37849>.

**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; and Preoperative electrocardiogram (ECG).

**Decision rationale:** The Official Disability Guidelines (ODG) states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, there were no progress reports submitted for review. Therefore, the request for pre-operative diagnostic exams (electrocardiogram and chest x-ray) is not medically necessary.

### **1 Pre-Operative Laboratory Works (Complete Blood Count with Differential, Prothrombin Time/Partial Thromboplastin Time, International Normalized Ratio, Hemoglobin, Urinalysis, Complete Basic Metabolic Panel, Hepatic Functional Panel): 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 Workers' Compensation, Online Edition; <http://www.guideline.gov/content.aspx?id=37849>.

**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; and Preoperative electrocardiogram (ECG).

**Decision rationale:** The Official Disability Guidelines (ODG) states that pre-operative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. In this case, there were no progress reports submitted for review. Therefore, the request for Pre-Operative Laboratory Works (Complete Blood Count with Differential, Prothrombin Time/Partial Thromboplastin Time, International Normalized Ratio, Hemoglobin, Urinalysis, Complete Basic Metabolic Panel, Hepatic Functional Panel) is not medically necessary.

**1 Neuromonitoring with Intra-Operative Monitoring Somatosensory Evoked Potential of the Upper and Lower Extremities (SSEP) and Electromyography (EMG): 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 Workers' Compensation, Online Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Low Back Section, Intraoperative Neurophysiological Monitoring (During Surgery).

**Decision rationale:** The Official Disability Guidelines (ODG) states that intraoperative neurophysiological monitoring is recommended during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. Intraoperative EMG and nerve conduction velocity monitoring on peripheral nerves during surgery is not recommended. Use of intraoperative SSEP (somatosensory evoked potential) or DSEP (dermatomal sensory evoked potential) monitoring is recommended as an adjunct in those circumstances during instrumented lumbar spinal fusion procedures in which the surgeon desires immediate intraoperative information regarding the potential of a neurological injury. The occurrence of a postoperative neurological deficit is highly correlated with intraoperative changes in these monitoring modalities. In this case, there were no progress reports submitted for review. Therefore, the request for Neuromonitoring with Intra-Operative Monitoring Somatosensory Evoked Potential of the upper and lower extremities (SSEP) and Electromyography (EMG) is not medically necessary.