

Case Number:	CM14-0073140		
Date Assigned:	07/16/2014	Date of Injury:	09/25/2006
Decision Date:	08/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Neurological Surgery, 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 records presented for review, indicate that this 65-year-old male was reportedly injured on 9/25/2005. The mechanism of injury was noted as direct impact of a falling object. The most recent progress note, dated 3/3/2014, indicated that there were ongoing complaints of neck pain radiating into the right upper extremities. The physical examination demonstrated right shoulder limited range of motion. Muscle testing was 4-/5 with positive tenderness, with range of motion. Diagnostic imaging studies mentioned an MRI of the cervical spine from 4/26/2014, which revealed multilevel disc desiccation and endplate narrowed degeneration, C2-C3 right facet arthropathy, C3-C4 posterior disc bulge, central stenosis, bilateral neural foraminal stenosis, C4-C5 severe loss of disc height, spondylosis, disc bulge. There was also severe bilateral neural foraminal stenosis and impingement of the foraminal C5 nerves bilaterally and C5-C6 posterior bulge. Electrodiagnostic study (EMG/NCS) from 5/5/2014 revealed mixed motor and sensory distal peripheral neuropathy of the bilateral upper extremities. Both of these diagnostic studies were mentioned in the utilization review note. Previous treatment included previous surgery, physical therapy, and medications. A request was made for preoperative medical clearance and was not certified in the pre-authorization process on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op 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 Workers Comp 18th edition; Low Back Chapter.

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:

http://www.merckmanuals.com/professional/special_subjects/care_of_the_surgical_patient/preoperative_evaluation.html.

Decision rationale: If an emergency procedure is required, preoperative evaluation must be rapid and thus limited. In other cases, the surgical team may consult an internist to obtain a formal preoperative evaluation, which helps minimize risk by identifying correctable abnormalities and by determining whether additional monitoring is needed or whether a procedure should be delayed so that an underlying disorder (eg, hypertension, hyperglycemia, hematologic abnormalities) can be controlled optimally. After review of the medical records provided, the injured worker did have chronic neck pain; however, I was unable to identify any documentation stating a request from the specialist concerning a plan of surgery. Routine preoperative evaluation varies substantially from patient to patient, depending on the patient's age, general health, and risks of the procedure. Until surgery has been approved, there is no need for preoperative clearance. This request is deemed not medically necessary at this time.