

Case Number:	CM14-0089426		
Date Assigned:	07/25/2014	Date of Injury:	11/15/2011
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 injured worker is a 51-year-old male was reportedly injured on 11/15/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 6/23/2014, indicated that there were ongoing complaints of neck pain, bilateral arm pain and low back pain. The physical examination demonstrated cervical spine biceps reflex was 2+ on the right and 1+ on the left. Triceps reflex was 2+ on the right and absent on the left. Decreased sensitivity to touch and cold in the C4-C5 and C6 distribution on the left. Lumbar spine had tenderness to palpation of the L5 level midline. Decreased sensation in the right L4, L5, and S1 distribution. Lumbar extension was with pain. No recent diagnostic studies are available for review. Previous treatment included spinal cord stimulator, epidural steroid injections, physical therapy, and medications. A request was made for C5-C7 anterior cervical decompression/fusion, preoperative labs, chest x-ray and electrocardiogram and was not certified in the pre-authorization process on 5/28/2014. 7995

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 Anterior Cervical Decompression Fusion: 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 ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, electronically sited.

Decision rationale: American College of Occupational and Environmental Medicine recommends surgical consideration for patients with persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term or unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. After reviewing the medical documentation provided, it was noted the injured worker does have chronic neck pain that radiated into the upper extremity. However, there was no documentation of instability on any of the diagnostic studies. Therefore, this request is deemed not medically necessary.

Pre-Op Labs: 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) Pain (Chronic) Routine blood testing on NSAID therapy.

Decision rationale: Preoperative labs testing is recommended in individuals undergoing invasive urological procedures or implantation of for materials, individuals with chronic diseases, and diabetics. Preoperative tests are excessively ordered, even for young patients with low surgical wrist, with little or no interference in preoperative management. These tests are not good standardized screening instruments for diseases. The decision to order preoperative test should be guided by the patient's clinical history, comorbidities, and physical examination findings. After reviewing the medical documentation provided, the surgical procedure requested has not been authorized at this time. Therefore, there is no need to perform preoperative laboratory testing. This request is deemed not medically necessary.

Chest X-Ray: 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) Neck and Upper Back (Acute & Chronic) Radiography, updated 8/4/2014.

Decision rationale: After review of the medical documentation provided, the request for chest x-ray is deemed not medically necessary. The requested surgical procedure has not been authorized at this time. Therefore, there is no need for this diagnostic study.

EKG: 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: The Merck Manual.

Decision rationale: No preoperative tests are required in healthy patients undergoing operations with very low risk of significant bleeding or other complications. Abnormal results are more likely to be false positives than in patients with symptoms or risk factors. In symptomatic patients or in patients undergoing operations with a higher risk of significant bleeding or other complications, laboratory evaluation may include the following tests: Electrocardiography is done for patients at risk of coronary artery disease, including all men > 45 and women > 55. The need for this procedure is not necessary. The request is for a surgical procedure and has not been approved at this time. Therefore, this request is deemed not medically necessary.