

<b>Case Number:</b>	CM14-0096827		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/16/1997
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 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 58-year-old female who reported an injury on 05/16/1997. The mechanism of injury was not stated. The injured worker is currently diagnosed with cervicalgia. The most recent Clinical Note submitted for this review is documented on 12/11/2006. It was noted that the injured worker has been previously treated with physical therapy, medication, immobilization, and chiropractic treatment. The injured worker has also been previously treated with trigger point injections and cervical facet injections in 2003. It is also noted that the injured worker underwent a cervical spine surgery on 04/13/2005 and a cervical radiofrequency neurolysis of the medial branch nerves on 01/23/2006. The injured worker presented with complaints of mild pain in the cervical spine with radiation and numbness in the bilateral upper extremities. The current medication regimen includes Cymbalta, Lyrica, Flexeril, and Prilosec. Physical examination revealed reduced cervical range of motion, limited grip strength in the left upper extremity, intact sensation, and a normal gait. Future medical treatment included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 x-ray of the cervical spine (7 views) postoperatively:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178. Decision based on Non-MTUS Citation Official Disability guidelines, neck and Upper Back (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): pp. 177-179.

**Decision rationale:** The California MTUS ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. It is noted that the injured worker is pending authorization for a hardware removal with cervical anterior discectomy and fusion. There is no indication that this injured worker's surgical procedure has been authorized. There was no recent physician progress reports submitted for this review. Based on the clinical information received, one (1) x-ray of the cervical spine (7 views) postoperatively is not medically necessary.

**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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

**Decision rationale:** The Official Disability Guidelines state preoperative testing including electrocardiography is often performed prior to surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There were no updated Physician's Progress Reports submitted for this review. There is no indication that this injured worker suffers from a significant medical history or any comorbidities that would warrant the need for preoperative testing. There is also no indication that this injured worker's surgical procedure has been authorized. As such, an EKG is not medically necessary.