

<b>Case Number:</b>	CM14-0190188		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Surgeon and is licensed to practice in Georgia & South Carolina. 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 50-year-old male who reported an injury on 02/07/2005. The mechanism of injury occurred when the injured worker was driving and was rear ended causing upper back strain and whip lash. His diagnoses included cervical myoligamentous injury with 3 mm to 4 mm disc protrusions, bilateral upper extremity radiculopathy, right greater than left, lumbar spine sprain/strain syndrome, status post anterior cervical fusion and discectomy at C4-5 and C5-6 on 10/16/2014. His past treatments included lumbar epidural steroid injections, cervical epidural steroid injections, medications, and use of a walker. Pertinent diagnostic studies included an unofficial cervical spine MRI. At an examination on March 20, 2014 it was noted that the injured worker had been hospitalized after complaints of chest pains. It was further noted that the injured worker was ruled out for acute myocardial infarction and remained under the care of a cardiologist. At an examination on 10/15/2014 the injured worker complained of continued cervical pain, radiating to his upper and lower extremities, and guarded movements. Upon further examination of the cervical and lumbar spine, the injured worker was noted to have tenderness, guarding and limited range of motion. There were no new neurological changes documented. At a post-operative visit on 11/13/2014, the injured worker rated his neck pain a 9/10. His medication regimen included Norco 10/325 mg 5 to 6 tablets a day, Anaprox DS 550 mg twice daily, Prilosec 20 mg twice daily, Topamax 50 mg twice daily, Cymbalta 30 mg daily, Sonata 10 mg 1 tablet at bedtime, and Imitrex 100 mg 1 tablet as needed. The treatment plan included 4 cervical trigger point injections, prescriptions for Norco 10/325mg # 160 and Flexeril 10 mg # 6; Anaprox DS 550mg #60 and Prilosec 20mg #60 was dispensed in office; a request for 10 cognitive behavioral psycho-therapy sessions and a one month follow-up. The rationale for the request was not provided in the submitted documentation. The Request for Authorization form was not provided in the submitted documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Carotid Ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment / Disability Duration Guideline, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/2014), Preoperative 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-Lumbar & Thoracic (Acute & Chronic), Pre-operative testing, general

**Decision rationale:** The Official Disability Guidelines state that 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. Documentation submitted for review noted that the injured worker complained of chest pain and acute myocardial infarction which was ruled out but that the patient remained under the care of a cardiologist. However, there was no documentation submitted from the injured worker's cardiologist with documentation of a diagnosis of hypertension or hyperlipidemia, or other significant cardiovascular history. Additionally, there is no evidence of the injured worker being prescribed anti-hypertensive medication or medication for elevated cholesterol levels. Additionally, the injured worker was noted to be status post Anterior Cervical Discectomy and Fusion C4-5 and C5-6 on October 16, 2014. In the absence of a clear rationale for the requested testing to be performed, the request is not supported. As such, the request for associated surgical service: Carotid Ultrasound is not medically necessary.