

<b>Case Number:</b>	CM14-0204043		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal 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 injured worker is a 46 year old male with a date of injury of August 8, 2013. Results of the injury include the cervical spine. Diagnosis included right upper extremity C5 radiculopathy. Treatment has included epidural injections, pain medication, sling, heat, cold, and physical therapy without much relief. Magnetic Resonance Imaging scan of the right shoulder showed infraspinatus tendon focal low grade articular sided partial thickness tearing at the footprint on a background of mild tendinosis, subscapularis tendon low grade intrasubstance partial thickness tear of the upper tendon fibers at the lesser tuberosity. Magnetic Resonance Imaging scan revealed a C4-C5 posterolateral disc herniation. Progress report dated November 7, 2014 showed decreased range of motion to the right upper extremity. Cervical palpation showed right paraspinal neck spasm and periscapular pain. Work status was noted as total temporary disability. Treatment plan was to treat the injured worker with a C4-C5 anterior cervical discectomy and fusion. Utilization Review form dated November 10, 2014 modified Medical Clearance Visit and non-certified Pre-operative lab testing/Routine Venipuncture/PFT/EKG/Chest X-ray/Urine Analysis according to cited guideline <http://www.guidelines.gov/content.aspx?id=48408> and Official Disability guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Clearance Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelines.gov/content.aspx>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2000/0715/p387.html>  
<http://www.uptodate.com/contents/preoperative-medical-evaluation-of-the-healthy-patient>

**Decision rationale:** Pursuant to Up-to-Date and American Family Physician, preoperative medical clearance is not medically necessary. A history and physical examination focusing on risk factors for cardiac, pulmonary and infectious complications and a determination of the patient's functional capacity, are essential to any preoperative evaluation. The type of surgery influences the overall perioperative risk and the need for further cardiac evaluation. Routine lab studies are rarely helpful except to monitor known disease states. Patients with good functional capacity do not require preoperative cardiac stress testing in most surgical cases. For additional details see the attached link. In this case, the injured worker is scheduled for a C4 - C5 anterior cervical discectomy and fusion (work up not completed to date). A progress note dated August 19, 2014 has a detailed medication lists, social history, family history and review of systems. There is no past medical history in the documentation. There do not appear to be any cardiac, gastrointestinal, neurological or respiratory comorbidity conditions. The documentation indicates the treating physicians have not made a final assessment based on MRI findings because of difficulties obtaining an MRI. Consequently, absent known risk factors and evidence of significant comorbid conditions and a final pre-operative diagnosis, a medical clearance preoperative is not medically necessary.

**Pre-operative Lab Testing/Routine Venipuncture/PFT/EKG/Chest X-Ray/Urine Analysis:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, general; <http://nbic.nlm.nih.gov/pubmed/19684995>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG); Low Back Section, Pre-operative EKG <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3229853/>  
<http://www.aafp.org/afp/2000/0715/p387.html> <http://www.uptodate.com/contents/preoperative-medical-evaluation-of-the-healthy-patient>

**Decision rationale:** Pursuant to the Official Disability Guidelines, Up-to-Date and the American Family Physician, preoperative lab testing, routine venipuncture, pulmonary function test, electrocardiogram, chest x-ray, urine analysis is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. A thorough physical is important to establish/confirm diagnoses and understand/observe pain behavior. The history and physical examinations serve to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Preoperative electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate

risk surgeries will have additional risk factors. Head and neck surgery is considered an intermediate risk surgical procedure. Preoperative EKG is recommended for patients with known heart disease, peripheral arterial disease or cerebral vascular disease. A history and physical examination focusing on risk factors for cardiac, pulmonary and infectious complications and a determination of the patient's functional capacity are essential to any preoperative evaluation. The type of surgery influences the overall perioperative risk and the need for further cardiac evaluation. Routine lab studies are rarely helpful except to monitor known disease states. Pulmonary function testing is indicated in patients with suspected or previously diagnosed respiratory disease. It aids diagnosis, help monitor response to treatment and can guide decisions regarding further treatment and intervention. In this case, the injured worker is 46 years old and scheduled for a C4 - C5 anterior cervical discectomy and fusion (work up not completed to date). A progress note dated August 19, 2014 has a detailed medication list, social history, family history and review of systems. There is no past medical history in the documentation. There do not appear to be any cardiac, gastrointestinal, neurological or respiratory comorbidity conditions. The documentation indicates the treating physicians have not made a final surgical pre-assessment based on MRI findings because of difficulties obtaining an MRI. A preoperative EKG is not indicated. The anticipated cervical discectomy with fusion is an intermediate risk surgical procedure. However, the injured worker does not have any risk factors. Consequently, an EKG is not indicated. Routine lab studies are really helpful except to monitor known disease states. The injured worker does not have any comorbid problems or pre-existing illnesses. Pulmonary function testing is indicated in patients with suspected or previously diagnosed respiratory disease. The injured worker does not have any respiratory illnesses or pulmonary disease. A urine analysis may be bordered if there are signs of diabetes or kidney disease or signs of urinary tract infection. The injured worker has no prior kidney disease or history of diabetes. Consequently, in the absence of comorbid conditions or risk factors with a negative review of systems, preoperative lab testing, routine venipuncture, pulmonary function tests, electrocardiogram, chest x-ray and urine analysis are not medically necessary.