

<b>Case Number:</b>	CM14-0207860		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Emergency 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:

Patient with reported date of injury on 12/1/2011. Mechanism of injury was not documented. Patient has a listed diagnosis of cervical disc disorder/radiculopathy. Medical reports reviewed. Last report available until 11/5/14. Patient complains of neck pain. Has had prior epidural injections in the past. Has flare up of pain with pain shooting into hand. Objective exam was reviewed. It is not relevant to this independent medical review. Past medical history is documented as "reviewed, no change". Prior medical reports show no medical history of problems. The provider recommended epidural steroid injection and asked for "pre-operative clearance" for requested procedure. However, there is no provided documentation of any approval of ESI. Independent Medical Review is for "Pre-operative medical clearance: EKG, CXR, labs, CBC, CMP, UA, PT/PTT" Prior Utilization Review on 11/14/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance: EKG, CR, labs, CBC, CMP, UA, PT/PTT: 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), Preoperative Testing Chapter

**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, Preoperative lab testing.

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. This patient has no medical problems and has had ESI in the past with no noted complications or problems. The requested ESI is also noted to not have been approved. Preoperative testing is not medically necessary.