

Case Number:	CM15-0002894		
Date Assigned:	02/17/2015	Date of Injury:	08/06/2012
Decision Date:	11/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 male, who sustained an industrial injury on 8-6-12. Current diagnoses or physician impression includes chronic intractable axial neck pain radiating arm pain with severe pain in the trapezial area, biceps down to the triceps and dorsoradial forearm and severe foraminal stenosis at C3-C4, C4-C5, C5-C6, C6-C7 and C7-T1, C5-C6 and C6-C7 radiculopathy. Disability status is permanent and stationary. Notes dated 7-10-14 - 11-21-14 reveals the injured worker presented with complaints of neck pain that radiates down his right arm associated with weakness. Physical examinations dated 7-10-14 - 11-21-14 revealed no tenderness to palpation of the "cervical spine, paraspinal and trapezial musculature", range of motion is within normal limits, decreased motor exam in the right upper extremity, there is "dysesthesias and paresthesias in the biceps and dorsoradial forearm" Treatment to date has included activity modification, medication, physical therapy have provided some benefit. Diagnostic studies to date have included electrodiagnostic studies, cervical MRI and x-rays. A request for authorization dated 12-5-14 for pre-operative labs is denied, per Utilization Review letter dated 12-12-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs, QTY: 1: 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, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 58 years old and does not have any evidence in the cited records from 11/21/14 of significant medical comorbidities to support a need for preoperative clearance. According to the referenced criteria the injured worker would be indicated for a CBC and EKG. As the request is for non-specific pre-op labs the request is not medically necessary.