

Case Number:	CM15-0004081		
Date Assigned:	01/14/2015	Date of Injury:	08/04/2010
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 53-year-old female who reported an injury on 08/04/2010. The mechanism of injury is cumulative trauma. Her diagnoses include chronic axial neck pain and spinal stenosis. It was also noted that thyroid enlargement was noted incidentally on a cervical MRI on 01/20/2014. An MRI of the cervical spine was performed on 06/06/2014 and revealed a persistent pattern of diffuse enlargement of both thyroid lobes. On 08/06/2014, the injured worker was recommended for an anterior cervical discectomy and fusion at C5-6. At the time the surgery was requested, requests were also submitted for an assistant surgeon, medical clearance appointment, cervical collar, and bone growth stimulator. A previous Determination Letter dated 12/26/2014 indicated that a request for diagnostic testing for endocrinology clearance was modified to diagnostic testing for endocrinology clearance that is specific for the thyroid gland. A request was received for diagnostic testing for endocrinology clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Testing for Endocrinology Clearance: 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, Preoperative testing, general.

Decision rationale: According to the Official Disability Guidelines, the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The clinical information submitted for review indicated that the injured worker had been recommended for a cervical discectomy and fusion procedure. The documentation also indicated that MRI of the cervical spine had revealed evidence of thyroid enlargement. Therefore, diagnostic testing for endocrinology clearance related to the thyroid would be appropriate prior to the injured worker undergoing surgery. However, as the request as submitted did not specify the testing to be completed, the request is not supported. As such, the request is not medically necessary.