

<b>Case Number:</b>	CM15-0008247		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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  
 Certification(s)/Specialty: Emergency 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 44 year old male, who sustained an industrial injury on 1/16/2013 when he was squeezed between a car and a gate. The diagnoses have included cervical spondylosis without myelopathy. Treatment to date has included physical therapy, TENS unit, massage, hot pack and activity modifications. He underwent a spinal fusion L5-S1 in 2006. Magnetic resonance imaging (MRI) dated 7/14/2014 showed diffuse disc bulge and displacement of posterior longitudinal ligament at C5-7. There was also C5-6 diffuse disc bulge and osteophyte with compression of spinal canal and impingement of the C6 nerve root. Currently, the IW complains of neck pain. Objective findings included tenderness to palpation of the bilateral C5-T2 paraspinals and positive axial compression test. On 12/16/2014, Utilization Review non-certified a request for pre-op medical clearance, noting that the rationale for the request and how it will affect future treatment has not been provided. The ACOEM guidelines were cited. On 12/23/2014, the injured worker submitted an application for IMR for review of pre-op medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's illness and function beyond their capability. Patient does not have any listed significant co-morbidities leading to concern for operative complications. Patient has been approved for an epidural steroid injection which is a same day procedure where sedation is not recommended as per current guidelines. Pre-operative evaluation/clearance is not medically necessary.