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| Case Number: | CM15-0165991 | | |
| Date Assigned: | 08/28/2015 | Date of Injury: | 02/13/2014 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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(n) 37 year old female, who sustained an industrial injury on 2-13-14. The injured worker was diagnosed as having chronic cervicgia and C6-C7 cervical disc derangement with cervical stenosis. The physical exam (1-15-15 through 5-13-15) revealed "decreased and painful" cervical range of motion. Treatment to date has included a cervical epidural injection on 6-11-15, chiropractic treatments and Ibuprofen. As of the PR2 dated 6-24-15, the injured worker reports pain in her neck that radiates to the left shoulder. She rates her pain 5-6 out 10. The treating physician noted stable vital signs, heart rate of 82 and heart S1 and S2 positive and lungs clear to auscultation. The cervical range of motion is 70-100% of normal. The treating physician requested a chest x-ray and an INR. The Utilization Review dated 7-24-15, non-certified the request for a chest x-ray and an INR and certified the request for an anterior cervical discectomy and fusion C6-C7, a one day stay, an Aspen cervical collar for purchase, a CBC, a CMP, a PT-PTT, a UA and an EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: chest x-ray: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that pre-operative clearance is indicated for risk stratification for surgery as well as assistance for post-surgical management. The type of pre-operative services necessary depends on the type of surgery and the patient's com-morbid risk factors. The requested service is routine in the pre-operative clearance for the requested surgery and therefore the request is medically necessary.

Associated surgical service: International normalized ratio (INR): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that pre-operative clearance is indicated for risk stratification for surgery as well as assistance for post-surgical management. The type of pre-operative services necessary depends on the type of surgery and the patient's com-morbid risk factors. The requested service is routine in the pre-operative clearance for the requested surgery and therefore the request is medically necessary.