

Case Number:	CM15-0166365		
Date Assigned:	09/23/2015	Date of Injury:	12/06/2010
Decision Date:	10/28/2015	UR Denial Date:	07/20/2015
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: California, Oregon, Washington
 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 with an industrial injury date of 12-06-2010. Medical record review indicates he is being treated for cervical discopathy cervical 5-cervical 6, cervical 6-cervical 7 with kyphosis and early cord signal change, multilevel thoracic disc bulging maximally of thoracic 1-thoracic 2 and lumbar stenosis moderate severe with disc protrusion and facet arthropathy lumbar 4-lumbar 5. Subjective complaints dated 05-28-2015 included lower back pain. The treating physician documented the injured worker was evaluated on 03-30-2015. "Since that time the patient has had modest improvement of his lower back pain." "Unfortunately his balance has been further deteriorated." "He has episodic give away of his lower extremities and even now at times his upper extremities." "He has been experiencing loss of manual dexterity." Prior treatments included medications, activity restrictions, physical therapy and acupuncture. Physical exam findings (05-28-2015) revealed normal muscle tone and "grossly positive" Romberg and abnormal tandem gait. Hoffman was negative. The treating physician documented the injured worker had "classic myeloradiculopathy with progression of his myelopathy." "He is developing clumsiness in his upper and lower extremities as well as radiculopathic stingers and pain which are intermittent." The treatment plan was for anterior cervical discectomy and fusion of cervical 5-cervical 6 and cervical 6-cervical 7 with associated surgical services to include pre-operative clearance labs. On 06-27-2015 the treating physician responded "to a letter of denial dated 06-23-2015 for (a) anterior cervical discectomy fusion cervical 5-6 and cervical 6-cervical 7 with associated services of pre-op clearance labs. The treating physician documents in the 06-27-2015 progress note the following: "In conjunction

with the proposed surgical procedure, pre-operative medical clearance with laboratory work-ups was also requested. The proposed surgery is a complex and invasive procedure that carries inherent risks for the patient. I want to make sure that the proper evaluation and measures are provided in preparation for the procedure. This type of evaluation and screening includes both physical and psychological preparation that lessens possible complications as a result of the proposed surgical procedures. Pre-operative clearance is essential or screening of possible and probable risk factors that may affect the surgical outcome. The said pre-operative procedure would ensure that he is fit and well to undergo the procedure. To aid in the patients pre-operative evaluation a full lab work up, EKG (electrocardiogram), chest x-ray and cervical x-ray were requested." In the 11- 06-2014 treatment note the medical history is documented as high cholesterol. Medications were documented as Atorvastatin, Motrin, depression medication and anxiety medication. The request for authorization dated 07-01-2015 included a request for pre-op clearance labs (appeal). On 07- 20-2015 the request for associated surgical service: Pre-op clearance labs-labs (must relate to the cervical surgery only) was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-op clearance labs-labs must relate to the cervical surgery only: 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: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 58 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the determination is for not medically necessary.