MAXIMUS Federal Services

Case Number:	CM15-0203533		
Date Assigned:	10/20/2015	Date of Injury:	03/21/2015
Decision Date:	12/01/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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 57-year-old male, who sustained an industrial injury on 3-21-15. The injured worker is diagnosed with cervical radiculitis and cervical spine degenerative disc disease. His work status is modified duty; however, he is not currently working by choice per note dated 8-25-15. A note dated 8-25-15 reveals the injured worker presented with complaints of intermittent, slight to minimal neck pain described as achy with occasional numbness that radiates from his neck to his right wrist rated at 3 out of 10 and is relieved by medications. He reports no difficulties with activities of daily living (self-care, toileting, transferring, climbing stairs, shopping, cooking, household chores, walking, standing, overhead activities and fine manipulation). A physical examination dated 8-25-15 revealed right sided posterior cervical tenderness, decreased range of motion and sensation to light touch in the right lateral arm. Treatment to date has included medication and chiropractic evaluation. Diagnostic studies include cervical x-ray and cervical MRI reveals C5-C6 disc herniation per physician note dated 8-11-15. A request for authorization dated 9-24-15 for pre-operative evaluation with pulmonary function test, EDG-echocardiogram, labs and chest x-ray is non-certified, per Utilization Review letter dated 10-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Evaluation with PFT, EKG/Echo, Labs, and Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICS) Preoperative Evaluation. Institute for Clinical Systems Improvement (ICSI); 2008 Jul. 32 p.

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 directly address the requested service. The ODG states that pre-operative clearance is indicate for risk stratification for anesthesia as well as post-operative management. The request is for ESI, which does not require pre-operative clearance on a routine basis. There is no medical documentation of abnormal physical exam findings or co-morbid conditions, which would require this for this procedure. Therefore, the request is not medically necessary.