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| Case Number: | CM15-0029811 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 05/04/1992 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Oregon, California

Certification(s)/Specialty: Neurological 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 60-year-old female who reported an injury on 05/04/1992. The mechanism of injury was not stated. The current diagnoses include chronic pain, cervicgia, myofascial pain with trigger points, and neurovascular compression syndrome. A Request for Authorization was submitted on 01/14/2015 for medical clearance prior to a right scalene block under anesthesia. The latest physician progress report submitted for review is documented on 11/19/2014. The injured worker presented for a follow-up evaluation with complaints of cervical pain and right upper extremity pain. Upon examination, there was severe tenderness to palpation over the cervical paraspinal and scalene muscles, with 5-/5 upper extremity weakness. There was marked spasm of the trapezius, scalene, and paraspinal muscles. Positive Adson's maneuver on the right was also noted. The patient underwent trigger point injections under ultrasound guidance. Recommendations also included a refill of Norco and Butrans, as well as a right scalene block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Surgery General Information and Ground

Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93; Institute for Clinical Systems Improvements, 2006 July, page 33.

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 Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines recommend preoperative testing, as guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, there was no documentation of a significant medical history or any comorbidities to support the necessity for preoperative laboratory testing. There were no exceptional factors noted. Therefore, the request is not medically necessary.