

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0221896 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 01/12/2009 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 11/09/2015 |
| Priority: | Standard | Application Received: | 11/10/2015 |

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 56-year-old female who sustained an industrial injury on 1-12-2009 and has been treated for possible upper extremity complex regional pain syndrome with the left being greater than the right, and diagnoses including cervical neck pain with evidence of disc disease, cervical radiculopathy at C7, right carpal tunnel syndrome, and chronic pain syndrome. Diagnostic tests noted include cervical MRI 5-12-2015 stating no stenosis to interfere with lead placement for spinal cord stimulator trial, and an electromyography-nerve conduction velocity study of 4-16-2015 showed C6 radiculitis. On 11-3-2015 the injured worker reported worsening neck and upper extremity pain noted to be due to going without Fentanyl patches. Pain was described as burning and radiating down her right arm and hand with some right-hand numbness and tingling, but also hyperesthesia in the left upper extremity. Objective findings included tenderness in the lower paracervical muscles with decreased range of motion "in all fields." Documented treatment includes Norco, Cymbalta, Gabapentin, unspecified injections, and exercise. Her left upper arm was noted to have red discoloration and a slight tremor. Tinel's was positive at the wrist, and she was "hyperesthetic." The right upper extremity had decreased sensation down into the second and third finger stated as a C7 distribution, with mildly positive Tinel's. A bilateral cervical spinal cord stimulator trial was requested and approved, and the treating physician's plan of care also includes pre-operative testing including an EKG, chemical profile and CBC which were denied on 11-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre operative EKG qty 1.00: Upheld

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

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 electrocardiogram (ECG).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends EKG is recommended only for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Provider has failed to document any of patient's prior medical problems therefore is assumed that patient does not have any. Spinal cord stimulator trial is a low risk procedure. EKG is not medically necessary.

Pre operative Chem Panel qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back.

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 lab testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. Provider has failed to document any of patient's prior medical problems therefore is assumed that patient does not have any. This patient has no medical problems and spinal cord stimulator trials are considered low risk procedures. Preoperative testing such as chem panel is not medically necessary.

Pre operative CBC qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back.

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 lab testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing

pertaining to certain criteria and only with medical justification. Provider has failed to document any of patient's prior medical problems therefore is assumed that patient does not have any. There is no noted bleeding risk and this procedure does not usually cause bleeding issues. This patient has no medical problems and spinal cord stimulator trials are considered low risk procedures. Preoperative testing such as CBC is not medically necessary.