

Case Number:	CM15-0055032		
Date Assigned:	03/30/2015	Date of Injury:	10/07/2009
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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: Illinois, California, Texas
 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 50-year-old female who sustained an industrial injury on 10/07/09, due to cumulative trauma. Past medical history was positive for cardiac arrhythmias (premature ventricular contractions). Past surgical history was positive for C5-7 fusion in July 2012, right carpal tunnel release in April 2013, left triangular fibrocartilage complex debridement in January 2014, and open reduction and internal fixation left elbow in August 2014. The 7/2/14 upper extremity electrodiagnostic study showed change right C6/7 radiculopathy. The 1/28/15 cervical MRI demonstrated C5-7 anterior fusion. There was a grade 1 anterolisthesis at C7/T1, and new right C4/5 foraminal stenosis. The 2/13/15 treating physician report indicated that the injured worker had continued neck pain radiating down the right upper extremity to the hand post-operatively. She had developed adjacent segment disease. Imaging showed a solid fusion at C5-7 with 10 mm grade 1 C7/T1 anterolisthesis. Authorization was requested for C7/T1 anterior cervical discectomy and fusion with 3 day inpatient stay, pre-operative UA, EKG, CBC, PT/PTT, and chest x-ray, and pre-operative clearance from an internal medicine doctor. The 3/9/15 utilization review certified the request for extension of the cervical fusion to C7/T1. The associated pre-operative testing and internal medicine clearance were non-certified as there was no rationale for specialist medical clearance and pre-operative labs, chest x-ray, and EKG were no longer considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pre-operative tests: UA, EKG, CBC, PT/PTT, and chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Preoperative Basic Health Assessment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. This middle aged female presents with a history of cardiac arrhythmias. Guideline criteria have been met based on patient age, co-morbidity, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Pre-operative clearance from Internal Medicine Doctor: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Preoperative Basic Health Assessment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. This patient presents with a history of cardiac arrhythmia. Guideline criteria have been met based on the patient age, cardiac history, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

