

Case Number:	CM15-0080622		
Date Assigned:	05/01/2015	Date of Injury:	10/04/2012
Decision Date:	06/23/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York
 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 45 year old male who sustained a work related injury October 4, 2012, resulting in neck pain and radiating arm pain. He was treated with medication, physical therapy, and acupuncture. Past history included hypertension, hypothyroidism, s/p left carpal tunnel, 2013. According to an orthopedic consulting physician's initial report, dated April 1, 2015, the injured worker presented with neck pain and radiating arm pain with numbness and tingling into the right arm. Physical examination revealed the injured worker holding his neck stiff and straight with decreased cervical range of motion. He has numbness in the fingers of the right hand as well as some of the fingers in the left hand with no specific motor deficits noted. He walks with a slightly wide-based gait and has tenderness to palpation in the cervical, paraspinal, and trapezial muscles. Diagnoses are cervical stenosis and degenerative disc disease, C5-6 and C6-7; cervical radiculopathy; double crush syndrome. Treatment plan included recommendation for a cervical decompression. At issue, is the request for pre-operative labs, chest x-ray, electrocardiogram, urinalysis, and MRSA (Methicillin-resistant Staphylococcus aureus) screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs: Urinalysis (UA): 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), Spinal Fusion chapter-preoperative testing general.

Decision rationale: The ODG guidelines do recommend urine analysis if the patient has a history of prior renal problems. The guidelines recommend that testing be done on the basis of the clinical history and examination and whether the knowledge gained will materially affect postoperative management. Evidence is not provided this is the case. The requested service of urine analysis is not medically necessary and appropriate.

Pre-operative Chest x-ray: 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) Spinal fusion chapter Preoperative testing, general.

Decision rationale: The ODG guidelines recommend chest radiography if the patient is at risk for postoperative pulmonary complications. Documentation does not show this evidence. The guidelines indicate chest radiography is recommended if the knowledge obtained will affect postoperative management and decision making. Documentation is not provided to support this. The requested service of Pre-operative Chest x-ray is not medically necessary and appropriate.

Pre-operative EKG: 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) Spinal fusion chapter preoperative electrocardiogram.

Decision rationale: The requested treatment/service is or is not medically necessary: The ODG guidelines do recommend preoperative electrocardiogram if the patient is undergoing a high-risk operative procedure. Evidence is not provided this is the case. The guidelines also recommend preoperative electrocardiograms if the patient is undergoing an intermediate risk procedure and has evidence of comorbidities or increased risk factors. Documentation does not provide this evidence. The requested service of preoperative electrocardiogram is not medically necessary and appropriate.

Pre-operative Methicillin-resistant Staphylococcus aureus (MRSA) screen: Overturned

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) Infectious disease chapter, methicillin resistant staph.

Decision rationale: The ODG guidelines do recommend universal decolonization for resistant staphylococcus in the intensive care unit setting. The guidelines also recommend washing with germ killing soaps and using ointments. The requested service of MRSA screening is medically necessary and appropriate.