

Case Number:	CM15-0085928		
Date Assigned:	05/07/2015	Date of Injury:	10/19/2011
Decision Date:	06/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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: Physical Medicine & Rehabilitation

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 an industrial injury on 10/19/11. The injured worker was diagnosed as having cervicgia, cervical neuritis, and cervical spinal stenosis. Currently, the injured worker was with complaints of cervical pain. Previous treatments included medication management, physical therapy, activity modification, ice, massage, home exercise program, and acupuncture treatment. Previous diagnostic studies included magnetic resonance imaging. Physical examination was notable for neck with limited range of motion, tenderness to palpation at the proximal left trapezius. The plan of care was for a chest x-ray and an electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray, per 04/21/2015 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary, X-ray, pages 902-903.

Decision rationale: Review indicates the patient is scheduled for surgery with current requests to include multiple preoperative diagnostics. Submitted reports have not identified any subjective symptoms, clinical findings, diagnosis, or medical risk factors involving cardiopulmonary disorders such as recent upper respiratory infection, chronic obstructive pulmonary disease, long-term smoking, and cardiocirculatory diseases to support for the routine preoperative tests. The Chest x-ray, per 04/21/2015 order is not medically necessary and appropriate.

EKG, per 04/21/2015 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. 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. [173 references].

Decision rationale: Review indicates the patient is scheduled for surgery with current requests to include multiple preoperative diagnostics. Submitted reports have not identified any subjective symptoms, clinical findings, diagnosis, or medical risk factors involving cardiopulmonary disorders such as recent upper respiratory infection, chronic obstructive pulmonary disease, long-term smoking, and cardiocirculatory diseases to support for the routine preoperative tests. The EKG, per 04/21/2015 order is not medically necessary and appropriate.