

<b>Case Number:</b>	CM14-0131616		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old injured worker had a date of injury on 7/8/2010. The mechanism of injury was folding towels and had pain in shoulder. In a progress noted dated 7/22/2014, the injured worker is agreed by physicians to be surgical candidate neurosurgery. On a physical exam dated 7/22/2014, examination shows gross loss of range of motion, slightly forward head. The injured worker has positive Spurling's test despite normal nerve conduction study. The plan is follow up in 6 weeks and hopefully obtain the authorization for surgery. The diagnostic impression shows cervical degenerative joint disease, cervicgia, right shoulder pain. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 7/28/2014 denied the request for pre-operative medical clearance, stating that given non-certification of the surgical request, a pre-operative medical clearance is not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre Operative Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre Op Medical Clearance American Society of Anesthesiologists Practice Advisory for Pre-Anesthesia Evaluation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Pre-Anesthesia Evaluation

**Decision rationale:** CA MTUS and ODG do not address this issue. The American society of anesthesiologists practice advisory for preanesthesia evaluation state selective preoperative tests may assist the anesthesiologist in making decisions about the process of preoperative assessment and management. In the 7/22/2014 progress report, this injured worker is recommended to have a neurosurgery procedure. In the 8/15/2014 progress report, it was noted that the doctor is requesting authorization for anterior cervical discectomy and fusion at C4-C5 and at C5-C6. However, in the documentation provided, there was no evidence that this operation has been authorized. Therefore, the request for pre-operative medical clearance is not medically necessary.