

<b>Case Number:</b>	CM14-0168870		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 65-year-old male with an 8/24/11 date of injury. At the time (9/30/14) of Decision for Associated surgical service: consultation with an internist for clearance, there is documentation of subjective (cervical spine pain radiating to the upper extremities in the shoulder, arm, forearm to the hand) and objective (generalized diffuse tenderness to palpitation over the cervical spine, restricted range of motion of the cervical spine; and positive foraminal compression test, Spurling's test and reverse Spurling's test) findings, current diagnoses (cervical spine stenosis and cervical spine degenerative disc disease), and treatment to date (medications). There is no documentation of a pending surgery that has been authorized/certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: consultation with an internist for clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 08/04/14)

**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 Chapter, Preoperative lab testing

**Decision rationale:** MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of cervical spine stenosis and cervical spine degenerative disc disease. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service consultation with an internist for clearance is not medically necessary.