

Case Number:	CM14-0169935		
Date Assigned:	11/13/2014	Date of Injury:	12/18/2013
Decision Date:	12/15/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopaedic Surgery, has a subspecialty in Spine 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 39-year-old male with a 12/18/13 date of injury. At the time (9/2/14) of request for authorization for associated surgical service: pre-op medical clearance/labs/EKG, there is documentation of subjective (cervical pain associated with weakness and numbness of right arm) and objective (neuropathic pain noted) findings, current diagnoses (herniated cervical nucleus pulposus), and treatment to date (medications, acupuncture, physical therapy, and epidural steroid injection). Medical reports indentifies that there is a right C5-6 posterior cervical discectomy 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: pre-op medical clearance/labs/EKG: 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), Treatment in Workers' Compensation (TWC), Low Back Procedure Summary (updated 08/22/2014)

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: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, 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 a diagnosis of herniated cervical nucleus pulposus. In addition, there is documentation of a right C5-6 posterior cervical discectomy that has been authorized/certified. However, given no documentation of significant medical issues, there is no documentation of a rationale identifying the medical necessity of the requested associated surgical service: pre-op medical clearance/labs/EKG. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: pre-op medical clearance/labs/EKG is not medically necessary.