

Case Number:	CM13-0008538		
Date Assigned:	03/07/2014	Date of Injury:	05/16/1997
Decision Date:	06/22/2015	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

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: Emergency Medicine

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 59 year old female, who sustained an industrial injury on 5/16/1997. She reported neck pain. The injured worker was diagnosed as having cervical spondylosis without myelopathy, cervical intervertebral disc degeneration, post-laminectomy syndrome cervical region, and headache. Treatment to date has included medications, radiofrequency ablation, and multiple cervical spine surgeries. The request is for: pre-operative electrocardiogram, chest x-ray, and cervical spine x-rays. On 7/18/2012, he is noted have undergone radiofrequency ablation of the cervical spine. On 7/3/2013, she complained of ongoing neck, and arm pain and headaches. The records indicated she has had multiple imaging studies including CT angiogram of the neck. She is reported to have had 90% reduction of cervical spine pain and headaches following radiofrequency neurolysis. The treatment plan included: vascular surgeon clearance for surgery, no driving, Amrix, Cymbalta, Hydrochlorothiazide, Lipitor, and Percocet, and surgery. The records do not indicate evidence of cardiopulmonary disease and a completed CT scan of the cervical spine on 4/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRE-OP EKG: 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 ACOEM OMPG (Second Edition, 2004), Chapter 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, page 127.

Decision rationale: The request is for a pre-op EKG prior to anterior cervical discectomy and fusion with instrumentation at C4-C5 levels utilizing a lordotic cage to re-establish cervical lordosis with cervical plate and removal of anterior osteophytes along with possible removal of previous implanted plate. The MTUS guidelines do not clearly comment on pre-operative EKG. The injured worker is greater than 55 years of age and the plan is to undergo a procedure of moderate cardiac risk. Therefore, it would be necessary for safe peri-operative management to stratify cardiac risk. A pre-op EKG is medically necessary.

1 Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p. [37 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria, routine admission and preoperative chest radiography.

Decision rationale: The request is for a pre-operative chest x-ray. Chest radiography is not recommended for routine preoperative evaluations in low risk patients. The available evidence does not support a policy for performing routine admission or preoperative chest radiographs for all patients. Current evidence supports the use of preoperative chest radiographs when acute cardiopulmonary disease is suspected on the basis of history and physical examination, or there is a history of stable chronic cardiopulmonary disease in an elderly patient (older than 70). Within the documentation available for review, there is no comment on a heightened risk for cardiopulmonary disease. As such, the request for a pre-operative chest x-ray is not medically necessary.

Plain cervical spine x-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The request is for plain cervical spine x-rays. The ACOEM guidelines support the use of cervical spine x-rays for the following: emergence of a red flag; physiologic

evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. While the injured worker is being considered for operative management, there is also a request for a CT scan of the cervical spine which has been approved. There is no clear physician documentation as to why plain radiographs would produce information beyond what could be provided by the CT scan of the cervical spine. Therefore, the request as written does not appear to be medically necessary.