

Case Number:	CM15-0011626		
Date Assigned:	01/28/2015	Date of Injury:	03/13/2006
Decision Date:	03/31/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on March 13, 2006. The diagnoses have included C4-C5, C5-C6 disc herniation of the left upper extremity radiculopathy, status post L5-S1 discectomy in 1992 and status post non-instrumented posterolateral L5-S1 fusion with iliac crest bone graft 1994. Treatment to date has included physical therapy, epidural steroid injections and pain medications. Currently, the injured worker complains of neck and left arm pain which has severely intensified and he has extreme difficulty performing his occupational duties. In a progress note dated December 3, 2014, the treating provider reports decreased sensation in left upper extremity. Trigger point injections were given with a combination of Depo-Medrol and lidocaine. On December 11, 2014 Utilization Review non-certified a Orthofix bone growth stimulator at haider spine, pre-op medical clearance including EKG and chest X-ray, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSOCIATED SURGICAL SERVICES" Orthofix bone growth stimulator at facility:
Upheld

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 Official Disability Guidelines, Neck and Upper back, bone growth stimulator

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the cervical spine. According to the ODG Neck and Upper Back, it is under study. An alternative Guideline, the low back chapter was utilized. This chapter states that bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case the exam note from 12/3/14 there is no high risk factors demonstrated to support bone growth stimulation.. Therefore determination is for non-certification.

Pre-Op medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse(http://guideline.gov/summary/summary.aspx?doc_id=12973&nbr=006682)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Preoperative testing

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the determination is for non-certification.

Pre-Op Chest x-ray: Upheld

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 Official Disability Guidelines, Low back, Preoperative testing

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing

general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for pulmonary disease to warrant a preoperative chest xray prior to the proposed surgical procedure. Therefore the determination is for non-certification.

Pre-Op EKG: Upheld

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 Official Disability Guidelines, Low back, Preoperative testing

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 49 year old without comorbidities or physical examination findings concerning for cardiac disease to warrant a preoperative EKG prior to the proposed surgical procedure. Therefore the determination is for non-certification.