

Case Number:	CM15-0014947		
Date Assigned:	02/02/2015	Date of Injury:	01/03/2006
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/26/2015

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: New York, New Hampshire, Washington
 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 59 year old male, who sustained an industrial injury on January 3, 2006. He has reported neck and left shoulder pain. The diagnoses have included cervical stenosis. Treatment to date has included physical therapy, medications, cervical facet injections, epidural injections, radiological imaging, and multiple cervical spine surgeries. Currently, the IW complains of continued neck pain. Current physical findings are noted as a decreased range of motion of the neck, noted visible surgical scars, and upper motor neuron signs were negative. The records indicate a computed tomography scan myelogram showed neural compression. On December 22, 2014, Utilization Review modified certification to complete blood count, basic metabolic panel, and coagulation panel, based on ACOEM and ODG guidelines. On January 20, 2015, the injured worker submitted an application for IMR for review of pre-operative history and physical, labs, and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-Operative History & Physical, Labs & EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id-48408> Perioperative protocol. Health care protocol

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am Fam Physician. 2013 Mar 15;87(6):414-8. Preoperative testing before noncardiac surgery: guidelines and recommendations.

Decision rationale: The medical records do not indicate that the patient has significant comorbidities to warrant preop medical evaluation. There is no clinical indication for preop lab testing. Guidelines as described in the above medical reference not met.