

Case Number:	CM15-0060111		
Date Assigned:	04/06/2015	Date of Injury:	06/03/2014
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29-year-old female, who sustained an industrial injury on 6/3/14. She reported neck pain. The injured worker was diagnosed as having cervical disc disorder with radiculopathy. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of neck pain with numbness and tingling in the left arm. The treating physician requested authorization for a pre-operative evaluation with a surgeon, electrocardiogram, chest x-ray, pre-operative labs (chem 12, PT, PTT), and post-operative x-ray cervical AP/lateral. The treatment plan included C5-6 anterior discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op evaluation with surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper back procedure summary online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition. Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for cervical radiculopathy. She has progressive weakness and has failed treatments including physical therapy and medications. Requests include a second surgical opinion. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant may undergo cervical spine surgery depending on the results of a second surgical opinion. Therefore, the request is medically necessary.

EKG, chest x-ray, pre op labs: Chem 12, PT, PTT: 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), Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA). European Heart Journal (2009) 30, 2769.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for cervical radiculopathy. She has progressive weakness and has failed treatments including physical therapy and medications. Requests include a second surgical opinion. In terms of the requested pre-operative testing, the claimant has not been approved or scheduled for surgery and a second opinion is being sought. Pre-operative testing is not medically necessary at this time.

Post-operative x-ray cervical AP/lat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for cervical radiculopathy. She has progressive weakness and has failed treatments including physical therapy and medications. Requests include a second surgical opinion. In terms of the requested post-operative x-ray, the claimant has not been approved or scheduled for surgery and a second opinion is being sought. Post-operative imaging is not medically necessary at this time.

