

<b>Case Number:</b>	CM15-0070712		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Illinois, California, Texas  
 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 55-year-old male who sustained an industrial injury on 3/27/13. He reported pulling heavy pipeline and later in the day developing a throbbing sensation from his neck to low back. The 9/24/13 electrodiagnostic study evidenced chronic right C6 nerve root impingement. The 3/13/15 cervical MRI impression documented C5/6 disc degeneration with mild to moderate right and severe left foraminal narrowing and mild to moderate secondary central stenosis without evidence of cord flattening or compression. There was multilevel neuroforaminal greatest on the right at C5/6 and C6/7, and greatest on the left at C5/6. The 2/5/15 treating physician report cited grade 6-8/10 cervical pain, with radiation to the bilateral shoulders down to the fingertips, with weakness, numbness, and tingling (left greater than right). Past medical history was reported as negative for cardiopulmonary disease, but the review of systems was positive complaints of chest pain and shortness of breath. Physical exam documented cervical tenderness and spasms, facet tenderness at C4-6, restricted cervical range of motion, and positive axial compression and Spurling's test. Neurologic exam documented decreased C6 and C7 sensation, 4/5 elbow flexion/extension strength, and diminished bilateral brachioradialis reflexes. Authorization was requested for anterior cervical discectomy and fusion (ACDF) at C5/6 and C6/7 with associated surgical requests, including outpatient medical clearance. The 4/3/15 utilization review certified the request for ACDF at C5/6 and C6/7. The request for outpatient medical clearance was non-certified but there was no rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Medical Clearance:** 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Records documented complaints of chest pain and shortness of breath. Guideline criteria have been met based on patient's age, review of systems findings, the magnitude of surgical procedure, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.