

Case Number:	CM15-0072376		
Date Assigned:	04/22/2015	Date of Injury:	02/25/2014
Decision Date:	07/27/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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:

This injured worker is a 55-year-old male who sustained an industrial injury on 2/25/14. Injury occurred when he was assaulted and choked. Past medical history was positive for coronary disease, status post angioplasty and stent. The 3/5/14 cervical spine MRI showed a 4- 5 mm C5-6 right paracentral lateral recess and foraminal extrusion moderate to severely compressing the cord, with moderate to severe right lateral recess narrowing and severe right neuroforaminal narrowing impinging the traversing and exiting right C6 nerve root. The 12/9/14 initial spine surgery report cited neck pain with radiation to bilateral upper extremities. Cervical spine exam documented tenderness to palpation, muscle spasms, and positive trigger points. There was moderate to severe loss of range of motion, decreased upper extremity sensation, and 3/5 right biceps and intrinsic muscle weakness. The diagnosis was severe C5/6 cervical stenosis, C5/6 cord compression, and bilateral upper extremity myeloradiculopathy. The injured worker had failed to respond to extensive non-surgical treatment. The treatment plan recommended anterior cervical discectomy and fusion at C5/6. The injured worker was using blood thinners secondary to a stent placement for his cardiac condition and coronary artery occlusion. He would need a complete and thorough medical clearance and be off of his blood thinner before proceeding with any surgical intervention. Authorization was requested for anterior cervical discectomy and fusion at C5-6 with associated surgical services, including pre-operative clearance and cardiac clearance. The 4/8/15 utilization review certified the request for anterior cervical discectomy and fusion at C5/6 and a cardiac clearance. The request for pre-operative clearance was non-certified as there was a history of hypercholesterolemia, cardiac conditions, and blood thinner use for which a cardiac clearance was certified. There was no reason to support a separate pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

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. This injured worker has a history of coronary artery disease and is status post stent placement with on-going anti-coagulant use. Medical clearance was requested, including cardiac clearance which was certified. There is no compelling rationale to support the medical necessity of additional pre-operative clearance beyond that already certified. Therefore, this request is not medically necessary.