

<b>Case Number:</b>	CM15-0077509		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, Sports Medicine

### 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 reported an injury on 09/25/2013. The mechanism of injury involved a motor vehicle accident. The injured worker is currently diagnosed with cervical spine radiculopathy, positive EMG/NCS, right shoulder rotator cuff tear, status post debridement of foreign bodies, left wrist pain, left knee pain, pelvis pain, and lumbar spine sprain/strain. The injured worker presented on 01/13/2015 for an initial pain management evaluation. The injured worker had been previously treated with physical therapy, as well as medication management. The injured worker also underwent debridement of foreign bodies/ glass and skin grafts. Upon examination, the injured worker reported persistent pain in the cervical and lumbar spine rated 9/10, with associated numbness and tingling in the bilateral upper and lower extremities. There was positive tenderness to palpation over the L3-5 spinous process, positive paraspinal hypertonicity, myofascial trigger points, bilateral sciatic notch tenderness, reduced sensation in the lower extremities, limited range of motion, positive straight leg raise bilaterally at 60 degrees, and positive facet loading maneuver. There was also tenderness to palpation over the midline spinous process from C5-7, occipital notch tenderness, positive Tinel's sign over the occipital nerve, positive compression test, myofascial hypertonicity with trigger points, limited range of motion of the cervical spine, and positive Spurling's maneuver. Sensation was decreased at the bilateral C6-7 dermatome. A prior electrodiagnostic study revealed positive radiculopathy at C6 and C7. Treatment recommendations included an MRI of the cervical and lumbar spine, a prescription for Tylenol No. 3 and baclofen 10 mg, and a urine toxicology report. On a more recent note dated 03/27/2015, it was noted that the injured

worker was pending authorization for a surgical excision of foreign bodies. There was no Request for Authorization form submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pre-op medical clearance; written history & physical, labs, EKG, Chest x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, the injured worker has a negative medical history. There is no documentation of any underlying comorbidities to support the necessity for a preoperative medical clearance. As the medical necessity has not been established, the request is not medically appropriate at this time.