

<b>Case Number:</b>	CM14-0146357		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44-year old female who was injured on 10/03/07 when she twisted and fell in an attempt to catch an elderly patient who was falling. The injured worker's surgical history is significant for a neck surgery in 2008, a lumbar fusion in 2010, an ACDF at C3-4 through C5-6 on 06/18/13 and a lumbar spinal cord stimulator trial which was completed with lead removal on 07/21/14. Clinical note dated 07/23/14 states the injured worker had excellent results with the spinal cord stimulator trial. The injured worker reports significant improvement in low back pain but continued cervical pain that radiates to the bilateral shoulders and arms with numbness and tingling into the forearms and hands. This note references flexion/extension radiographs of the cervical spine obtained on the same date which are noted to reveal 38 of kyphosis between C6 and C7. It is noted that previous studies revealed of kyphosis. This note states that it appears that the source of neck pain is instability and kyphosis at C6-7. This note states the injured worker's symptoms are not likely to improve with non-surgical care. Removal of the anterior cervical endplate and screws with a revision of ACDF of C6-7 is suggested. It is noted that the injured worker wishes to take time to consider this before proceeding which the treating provider feels "is prudent given that she is in need of a permanent spinal cord stimulator placement in her lumbar spine." Citing an excellent response to the SCS trial, the provider requests authorization to have the injured worker undergo permanent placement of an SCS. The treatment recommendations further include consideration of revision of ACDF at C6-7. Requests for a chest x-ray and electrocardiogram were submitted on 08/18/14 and subsequently denied by Utilization Review dated 08/26/14. The UR rationale states, "Given that the concurrent appeal request for spinal cord stimulator implant and pre-operative laboratory work and psychological clearance was non-certified, medical necessity of the request for one electrocardiogram and one chest x-ray has not been established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### 1 Chest X-ray: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Indications for Imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Low Back - Lumbar & Thoracic chapter, Preoperative testing, general

**Decision rationale:** The request for a chest x-ray is not recommended as medically necessary. MTUS and ACOEM do not specifically address. Per ODG, preoperative testing such as chest radiography is supported prior to a surgical procedure; however, the submitted documentation contains no evidence that a surgical procedure has been approved. Utilization Review history reveals that a request for a permanent spinal cord stimulator implantation has been denied. Records do not indicate the injured worker has agreed to undergo cervical ACDF revision and do not indicate such a procedure has been approved or scheduled. As there is no evidence a surgical procedure is anticipated at this time, the 1 Chest X-ray is not medically necessary.

### 1 Electrocardiogram: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Integrated Treatment/Disability Duration Guidelines, Preoperative testing, general-Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Low Back - Lumbar & Thoracic chapter, Preoperative testing, general

**Decision rationale:** The request for a chest x-ray is not recommended as medically necessary. MTUS and ACOEM do not specifically address. Per ODG, preoperative testing such as chest radiography is supported prior to a surgical procedure; however, the submitted documentation contains no evidence that a surgical procedure has been approved. Utilization Review history reveals that a request for a permanent spinal cord stimulator implantation has been denied. Records do not indicate the injured worker has agreed to undergo cervical ACDF revision and do not indicate such a procedure has been approved or scheduled. As there is no evidence a surgical procedure is anticipated at this time, the 1 Electrocardiogram is not medically necessary.