

Case Number:	CM14-0149546		
Date Assigned:	09/18/2014	Date of Injury:	07/08/2010
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 52 year old female with a work-related injury dated 7/8/10 resulting in chronic cervical spine pain. The patient was evaluated by a neurosurgeon on 8/15/14. At that time, she continued to complain of neck pain and bilateral arm pain radiating over her shoulder and neck. An MRI shows collapse of the C4-5 and C5-6 discs with a 3-mm protrusion at both levels with a bone spur formation. The patient has failed conservative treatment and is now planned for surgical intervention, an anterior cervical discectomy and fusion at C4-5 and C5-6. The patient has a history of tobacco use. The utilization review pertinent to the requested surgical intervention yielded a denial on 8/26/14. Under consideration is the medical consultation for preoperative evaluation requested 8/19/14 and denied during utilization review dated 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preop clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary

Decision rationale: Based on the guidelines, a referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the referral was for preoperative clearance before surgery. The patient is a 52 year old woman with a history of tobacco use. The surgical procedure planned was denied during utilization review; therefore, there is no medical necessity for referral to a general internist for pre-operative clearance. As such, this request is not medically necessary.