

Case Number:	CM13-0071657		
Date Assigned:	01/08/2014	Date of Injury:	03/11/2005
Decision Date:	04/06/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 03/11/2005. The injury reportedly occurred when a box fell on her. She was diagnosed with cervical degenerative discs at C5-6 and C6-7. Her past treatments were noted to include physical therapy and medications. On 10/16/2013, she presented for a follow-up with complaints of persistent neck pain. It was noted that she proceed with discectomy and fusion at C5-6 and C6-7. It was also noted that medical clearance would be needed with a history and physical, EKG, labs, and chest x-ray. However, details regarding the rationale for these procedures/services were not provided. In addition, it was noted that the injured worker would require intraoperative neuromonitoring as it was noted that medical literature suggests this type of intraoperative monitoring is becoming the neurophysiological standard to identify emerging insult to the nervous system structures during surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP MEDICAL CLEARANCE: H & P, EKG, CHEST X-RAY, LABS

INTRAOPERATIVE NEUROMO BODY PART: CERVICAL SPINE: 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 in

Worker's Comp 18th edition, 2013, Updates, chapter low back, Preop testing, Criteria for Preoperative lab testing.

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, Preoperative testing, general, Intraoperative neurophysiological monitoring (during surgery).

Decision rationale: According to the Official Disability Guidelines, preoperative testing and clearance is guided by the injured worker's clinical history, comorbidities, and physical examination findings. The guidelines go on to state electrocardiography is recommended for injured workers undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. The guidelines also state chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications. The clinical information submitted for review indicated that the injured worker was recommended for a cervical discectomy and fusion at 2 levels. However, details regarding her clinical history, comorbidities, and risk factors were not provided. In addition, there was no documentation of physical examination findings to warrant preoperative testing, EKG, chest x-ray, or labs. The documentation also did not specify the labs being requested in order to address them individually. The guidelines list a spinal surgery as an intermediate risk surgical procedure and the documentation, again, did not address whether the injured worker had additional risk factors. For these reasons, the request for preoperative medical clearance, history and physical, EKG, chest x-ray, and labs is not supported. In regards to the intraoperative neurophysiological monitoring, the guidelines state this is recommended during spinal or intracranial surgeries when such procedures have a high risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. A recommendation was made for intraoperative neurophysiological monitoring as this type of monitoring is supported by medical literature. However, there was no documentation addressing the specific risk of significant complications that this testing is being recommended to detect and prevent. For these reasons, the request is not medically necessary.