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| Case Number: | CM13-0032055 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 07/24/2012 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 physician 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 patient is a 36-year-old male who reported an injury on 07/24/2012 after he was hit in the head. The patient reported sustained injury to the head and neck. The patient was conservatively treated with medications, physical therapy, epidural steroid injections and acupuncture. The patient's most recent clinical examination findings dated 06/12/2013 documented that the patient had a positive axial head compression test to the right, a positive Spurling's sign to the right and facet tenderness to palpation along the C4-6 levels. It was also documented that the patient had restricted range of motion of the cervical spine. The patient's diagnoses included cervical disc disease and cervical radiculitis. Treatment recommendations included an epidural steroid injection, a hot/cold therapy unit following the procedure, physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chem 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative 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 Chapter, Pre-Operative Lab Testing.

Decision rationale: The requested decision for Chem-7 is not medically necessary or appropriate. The Official Disability Guidelines state, "The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a pre-operative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." The clinical documentation submitted for review does not provide any evidence that the employee is at risk for developing pre-operative or intraoperative complications. The clinical documentation does not provide any evidence of signs or symptoms that would support the need for a Chem-7 pre-operative test. Additionally, as this is a low risk procedure, and there is no documentation of comorbidities that would support the request, pre-operative lab testing is not indicated. As such, the requested decision for Chem-7 is not medically necessary or appropriate.

PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative 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 Chapter, Pre-Operative Lab Testing.

Decision rationale: The requested decision for PT/PTT is not medically necessary or appropriate. The Official Disability Guidelines state, "The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a pre-operative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." The clinical documentation submitted for review does not provide any evidence that the employee is at risk for developing pre-operative or intraoperative complications. The clinical documentation does not provide any evidence of signs or symptoms that would support the need for a PT/PTT pre-operative test. Additionally, as this is a low risk procedure, and there is no documentation of comorbidities that would support the request, pre-operative lab testing is not indicated. As such, the requested decision for PT/PTT is not medically necessary or appropriate.

TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative 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 Chapter, Pre-Operative Lab Testing.

Decision rationale: The requested decision for TSH is not medically necessary or appropriate. The Official Disability Guidelines state, "The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a pre-operative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." The clinical documentation submitted for review does not provide any evidence that the employee is at risk for developing pre-operative or intraoperative complications. The clinical documentation does not provide any evidence of signs or symptoms that would support the need for a TSH pre-operative test. Additionally, as this is a low risk procedure, and there is no documentation of comorbidities that would support the request, pre-operative lab testing is not indicated. As such, the requested decision for TSH is not medically necessary or appropriate.

Urine analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative 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 Chapter, Pre-Operative Lab Testing.

Decision rationale: The requested decision for urine analysis is not medically necessary or appropriate. The Official Disability Guidelines state, "The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Pre-operative routine tests are appropriate if patients with abnormal tests will have a pre-operative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." The clinical documentation submitted for review does not provide any evidence that the employee is at risk for developing pre-operative or intraoperative complications. The clinical documentation does not provide any evidence of signs or symptoms that would support the need for a urine analysis pre-operative test. Additionally, as this is a low risk procedure, and there is no documentation of comorbidities that would support the request, pre-operative lab testing is not indicated. As such, the requested decision for urine analysis is not medically necessary or appropriate.

Medical-surgical clearance, complete blood count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative 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 Chapter, Pre-Operative Lab Testing.

Decision rationale: The requested medical surgical clearance and complete blood count are not medically necessary or appropriate. The Official Disability Guidelines do not recommend routine testing unless there are indications of intraoperative or postoperative possible complications. The clinical documentation does not support the need for pre-operative testing and surgical clearance for this low risk procedure. Additionally, a complete blood count is not supported as there is no evidence in the employee's most recent clinical documentation submitted for review of signs or symptoms that would support that the employee is at risk for intraoperative or postoperative complications. As such, the requested medical surgical clearance and complete blood count is not medically necessary or appropriate.