

Case Number:	CM13-0040053		
Date Assigned:	12/20/2013	Date of Injury:	08/27/2010
Decision Date:	02/26/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/08/2013

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 and rehabilitation and pediatric rehabilitation medicine, 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 52-year-old male who reported an injury on 08/27/2010. The mechanism of injury was not provided for review. The patient developed lumbar spine pain that failed to respond to epidural steroid injections, medications, activity alterations, physical therapy, and a lumbar brace. The patient underwent an MRI that revealed bony fusion of the L2-3, and multilevel degenerative changes of the lumbar spine. The patient's most recent clinical exam finding included lack of identifiable reflexes in the right lower extremity, significantly depressed reflexes in the patella and of the left lower extremity, positive bilateral straight leg raising test, significant pain with range of motion of the lumbar spine. The patient's diagnoses included Schmorl's node, lumbar region, spondylosis of unspecified site without myelopathy and spondylosis of the lumbosacral region. The patient's treatment plan included bilateral L3-4 laminectomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory studies/blood test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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, Pre-Operative Lab Testing.

Decision rationale: The Physician Reviewer's decision rationale: The requested laboratory studies/blood tests are not medically necessary or appropriate. Clinical documentation submitted for review does provide evidence that the patient is being considered for surgical intervention. Official Disability Guidelines state, "the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Clinical documentation submitted for review does not provide evidence that the patient is at significant risk for developing postsurgical complications or has any diagnoses that would complicate surgical planning and treatment. Therefore, the need for preoperative lab testing is not indicated. As such, the requested laboratory studies/blood tests are not medically necessary or appropriate.