MAXIMUS Federal Services

Case Number:	CM14-0003470		
Date Assigned:	04/04/2014	Date of Injury:	01/06/2000
Decision Date:	05/08/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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, has a subspecialty in Pulmonary Diseases 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 69-year-old male who reported an injury on 01/06/2000 due to sun exposure while performing normal job duties. The injured worker was evaluated on 09/30/2013 and it was documented that sunspots and skin cancer were a part of the injured worker's diagnoses. The injured worker was evaluated on 10/17/2013 by an internal medicine physician that documented the injured worker had a history of hypertension; however, blood pressure monitoring was within normal limits. Surgical intervention was recommended and a request was made for pre-operative lab studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD WORK: COMPLETE BLOOD COUNT (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, CBC, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing.

Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, CBC, is not medically necessary or appropriate.

BLOOD WORK: LIPID PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General.

Decision rationale: The requested blood work, lipid panel, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, lipid panel, is not medically necessary or appropriate.

THYROID PANEL WITH TOTAL T3, T4, T3 UPTAKE, T3 FREE, FREE THYROXINE, TSH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, thyroid panel with total T3, T4, T3 uptake, T3 free, free thyroxine, TSH, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, thyroid panel with total T3, T4, T3 uptake, T3 free, free thyroxine, TSH, is not medically necessary or appropriate.

VENIPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested venipuncture is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request venipuncture is not medically necessary or appropriate.

BASIC METABOLIC PANEL (BMP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, basic metabolic panel, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, basic metabolic panel, is not medically necessary or appropriate.

HEPATIC FUNCTION PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, hepatic function panel, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for

review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, hepatic function panel, is not medically necessary or appropriate.

URIC ACID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, uric acid, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, uric acid, is not medically necessary or appropriate.

GGTP (GAMMA GLUTAMYL TRANSPEPTIDASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, GGTP (gamma glutamyl transpeptidase), is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, GGTP (gamma glutamyl transpeptidase), is not medically necessary or appropriate.

SERUM FERRITIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, serum ferritin, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, serum ferritin, is not medically necessary or appropriate.

VITAMIN D 25 HYDROXY (CALCIFEDIOL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, vitamin D 25 hydroxy, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, vitamin D 25 hydroxy, is not medically necessary or appropriate.

GLYCO HGB-A1C: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General.

Decision rationale: The requested blood work, glyco HGB-A1C, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, glyco HGB-A1C, is not medically necessary or appropriate.

APOLIPOPROTEIN A&B: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, apolipoprotein, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, apolipoprotein, is not medically necessary or appropriate.

URINALYSIS (MICRO ASSAY & URINE CREATININE ASSAY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested blood work, urinalysis, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request blood work, urinalysis, is not medically necessary or appropriate.

ELECTROCARDIOGRAM (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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-Opertive Lab Testing, General

Decision rationale: The requested EKG is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official

Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request EKG is not medically necessary or appropriate.

ECHO WITH DOPPLER STUDIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

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, General

Decision rationale: The requested echo Doppler studies is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative lab testing. Official Disability Guidelines do not support the use of preoperative testing as a routine procedure for ambulatory surgeries. The clinical documentation submitted for review does not support that the injured worker is at significant risk for intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not clearly supported. As such, the request echo Doppler studies is not medically necessary or appropriate.