

<b>Case Number:</b>	CM14-0008341		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 patient is a 44-year-old female who has filed a claim for cervical degenerative disc disease associated with an industrial injury date of December 03, 2001. A review of progress notes indicates neck pain. The patient has a history of CRPS of the bilateral upper extremities. The findings include tenderness over the cervical region; decreased cervical range of motion; decreased motor strength of the bilateral upper extremities; and decreased sensation to the right C5-C7 and left C6-C7 dermatomal distributions. CT dated October 25, 2012 showed multilevel degenerative change of the cervical spine with posterior osteophytes at C3 through C7, resulting in multilevel foraminal narrowing. There is a spinal stimulator device - the right terminates at C2, and the left terminates at C2-3. Treatment to date has included opioids, NSAIDs, muscle relaxants, sedatives, spinal cord stimulator, home exercise program, and acupuncture. The utilization review from December 17, 2013 denied the requests for pre-op labs (CBC, CMP, PT/PTT, UA/HCG) as ITT pump implant was not authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PREOP LABS (CBC,CMP, PT/PTT, UA/HCG): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55.

**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, Preoperative lab testing.

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a modified approach. Urinalysis is indicated for patients undergoing urologic procedures and implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications predisposing them to electrolyte abnormalities or renal failure. Complete blood count is indicated in patients with risk of anemia or in whom significant blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, progress notes indicate that the patient is still awaiting authorization for a CT scan before proceeding with the intrathecal pump implant. Therefore, the request for pre-op labs (CBC, CMP, PT/PTT, UA/HCG) was not medically necessary.