

Case Number:	CM14-0125178		
Date Assigned:	08/11/2014	Date of Injury:	06/11/2011
Decision Date:	12/12/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, foot, and ankle pain reportedly associated with an industrial injury of June 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; earlier cervical fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 24, 2014, the claims administrator denied a preoperative clearance, metabolic panel, PT, PTT, hemoglobin A1c, CBC, and urinalysis. The applicant's attorney subsequently appealed. In a July 21, 2014 progress note, the applicant reported ongoing complaints of neck, bilateral shoulders, bilateral elbows, bilateral wrists, right hand, and low back pain. The applicant also reported radiation of pain to the legs and feet. The applicant presented to follow up on neck and low back pain complaints. The attending provider stated that the applicant had evidence of residual pathology noted on both cervical CT imaging and lumbar MRI imaging. The attending provider suggested that the applicant would benefit from an L3 through S1 bilateral posterior laminoforaminotomy and microdiscectomy, coupled with a resection and revision cervical fusion surgery about the cervical spine. There was no discussion of the applicant's medical problems, medical history, and/or need for preoperative testing, however, on this occasion. In a subsequent progress note dated July 23, 2014, the applicant was placed off of work, on total temporary disability. It was noted that the applicant carried a variety of diagnoses in the diagnoses section of the note, including headaches, psychological issues, insomnia, and possible Bell's palsy; however, the applicant's medical history was not discussed. In a June 5, 2014 progress note, the applicant was described as having a history of dyslipidemia with no other significant medical issues. The applicant's complete medication list was not, however, attached. On January 7, 2014,

the applicant was incidentally noted to be 53 years of age as of that point in time. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

Decision rationale: The applicant is planning to undergo both cervical and lumbar spine surgeries. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 183, careful preoperative education of the applicant regarding expectations, complications, and/or sequelae of surgery is "recommended." In this case, the applicant is set to undergo major, multi-level cervical and lumbar spine surgeries. Obtaining a preoperative clearance evaluation to explore some of the applicant's possible comorbidities and/or potential complications of surgery is indicated, as suggested by ACOEM, particularly in the light of the fact that many of the applicant's treating providers have failed to discuss the applicant's medical history on several office visits, referenced above. Therefore, the request is medically necessary.

Preoperative prothrombin time: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: The MTUS does not address the topic. However, as noted in the article entitled "The accuracy of coagulation tests during spinal fusion and instrumentation," the authors concluded that the INR, PT, and aPTT may be helpful in guiding transfusion therapy in applicants undergoing major spine surgery. Here, the applicant is set to undergo major multilevel lumbar and cervical spine surgeries. Many individuals undergoing spine surgery do develop perioperative coagulopathies. Obtaining preoperative PT may be helpful in guiding transfusion therapy, as suggested below. Therefore, the request is medically necessary.

Preoperative partial thromboplastin time: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Accuracy of Coagulation Tests During Spinal Fusion and Instrumentation, Horlocker et al.

Decision rationale: Here, the applicant is planning to undergo major multi-level spine surgery. The MTUS does not address the topic of preoperative laboratory testing. However, the article entitled "The accuracy of coagulation tests during spinal fusion and instrumentation" does note that the INR, PT, and APTT may be helpful in guiding transfusion therapy in applicants who undergo major spine surgery on the grounds that many individuals undergoing such surgery often acquire perioperative coagulopathy. Therefore, the request is medically necessary.

Preoperative Hemoglobin A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Preoperative Testing article.

Decision rationale: The MTUS does not address the topic. However, Medscape's Preoperative Testing article notes that routine blood sugar determinations and, by implication, routine hemoglobin A1c testing, is not recommended in all cases. Medscape limits preoperative testing for diabetes to surgeries in which diabetes is associated with higher perioperative risks, such as coronary artery bypass grafting and vascular surgery. Here, however, the applicant is undergoing spine surgery, a procedure which, per Medscape, asymptomatic hyperglycemia is unlikely to generate any postoperative complications in. Here, there is no evidence that the applicant is diabetic. The applicant's medical history is notable only for dyslipidemia, as noted above. Therefore, the request is not medically necessary.

Preoperative Complete blood Count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Preoperative Testing article

Decision rationale: The MTUS does not address the topic. Preoperative CBC testing does include testing of an applicant's hemoglobin and hematocrit. As noted in Medscape's Preoperative Testing article, it is recommended that one obtain a preoperative hemoglobin level in applicants undergoing major surgery with significant blood loss expected. Here, the applicant is undergoing major multi-level spine surgery with significant blood loss expected. Obtaining the applicant's preoperative hemoglobin via the complete blood count test at issue is therefore indicated. Accordingly, the request is medically necessary.

Preoperative Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly what drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, state when an applicant was last tested, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did not state what drug tests and drug panels were being sought. The attending provider did not state what drug tests and/or drug panels he was testing for. The attending provider did not state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

Complete Metabolic Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

Decision rationale: The MTUS does not address the topic of preoperative testing. However, Medscape does recommend preoperative testing of a serum creatinine level in applicants greater than 50 years of age. Here, the applicant is 53-54 years of age and is set to undergo major multilevel cervical and lumbar spine surgeries. Assessing the applicant's renal function preoperatively is indicated, as suggested by Medscape. Therefore, the request is medically necessary.