

<b>Case Number:</b>	CM14-0129960		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Family Practice, has a subspecialty in Preventative 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:

According to the records made available for review, this is a 52-year-old male with a date of injury on 09/27/2010. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 02/07/2013 indicated the diagnoses of lumbago and lumbar spine strain. Subjective findings from 06/18/2012 were remarkable for complaints of worsening pain to the lower back with bilateral radiculopathy to bilateral mid calves. Physical examination performed on this date was remarkable for mild antalgic gait and positive bilateral straight leg raise. Documentation from 06/18/2012 also noted magnetic resonance imaging results revealing for mild diffuse spondylosis, small disc extrusion at lumbar four to five, lumbar one to two, lumbar two to three, and lumbar four. Physician documentation from 06/18/2012 indicated the reason for examination was for preoperative clearance for lumbar epidural steroid injection at lumbar four to five. Physician also noted that the injured worker had medical clearance pending laboratory studies obtained on 06/18/2012 were within normal parameters. Medical records provided refer to prior treatments and therapies that included multiple lumbar epidural steroid injections, physical therapy, acupuncture, use of a cane, urine drug screen, laboratory studies, and a medication regimen of Naproxen, Prilosec, Neurontin, Zanaflex, and Tramadol. Documentation from 06/18/2012 noted that the injured worker noted no improvement from physical therapy and acupuncture. The medical records provided did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. While documentation indicated that acupuncture treatments and physical therapy was provided, there was no documentation of quantity, treatment plan, or results of prior acupuncture and physical therapy visits. Medical records provided did not indicate the injured worker's work status. On 08/07/2014, Utilization Review non-certified the prescription for the laboratory studies of a

complete blood count, hepatic panel, chemistry panel, and urine drug screen. Utilization Review based their determination on California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines and ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery. Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines supports urine drug screen for screening abnormal behavior and compliance of medication in ongoing use of opioids. ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery notes that an assessment of history and physical examination is acceptable for the age of fifty years or older due to cardiac risk factors that may put a person at high risk for surgery. Utilization Review documents that the medical records are unclear of what risk level the injured worker is at to determine the frequency of urine test and does not meet guideline requirements. The Utilization Review also notes that the injured worker had no complications regarding their condition and there was no reason noted to why the above mentioned laboratory studies were prescribed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lab work: CBC, Hepatic Panel, Chem, POC Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative labs Other Medical Treatment Guideline or Medical Evidence: AAFP and pre-op labs

**Decision rationale:** The MTUS and ACOEM guidelines do not comment on pre-operative labs. According to the ODG guidelines, Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. 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 preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. According to the American Academy of Family Physicians, pre-op labs are recommended for high-risk surgeries in high-risk patients. The claimant underwent prior surgeries without abnormal labs or outcomes. Epidurals are commonly done without labs and are considered low-risk procedures. In addition, lab monitoring is indicated in those who have risk of hepatic or renal disease and are on NSAIDs or opioids. In this case, there was no mention of these risk factors. The request for the labs above is not medically necessary. According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or

other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.