

Case Number:	CM14-0153699		
Date Assigned:	09/23/2014	Date of Injury:	03/01/2013
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation 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 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:

Medical records reflect the claimant is a 59 year old male who sustained a work injury on 5-23-01. The claimant has a diagnosis of post laminectomy lumbar spine. He has a SCS in place. A CT myelogram has been recommended due to his going severe low back pain, as well as lab work to include CBC, PT, PTT, INR, platelet count, BUN and creatinine. Prior UR certified BUN/creatinine for the contrast that will be given for the CT myelogram. This ensures the kidneys can clear the contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: (CBC, PT/PTT, INR, Platelet count, BUN/Creatinine): Upheld

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

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: ODG notes that 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. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative 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. Based on the records provided, there is an absence in documentation that supports the lab tests ordered. There is no indication as to how all of these tests will change outcome of treatment. Therefore, the medical necessity of this request is not established. Based on the records provided, there is an absence in documentation that supports the lab tests ordered. There is no indication as to how all of these tests will change outcome of treatment. Therefore, the medical necessity of this request is not established.