

<b>Case Number:</b>	CM14-0173970		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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, has a subspecialty in Pain Management 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 54 year old male with an injury date of 06/28/13. Based on the 09/16/14 progress report provided by [REDACTED] the patient complains of low back pain. He has tenderness to lumbosacral spine and straight leg raise is negative bilaterally. Flexion is 55 degrees, extension is 15 degree, and left and right lateral bending is 20 degrees. The diagnosis is low back pain with L5-S1 disc desiccation with multilevel L3 to S1 mild-to-moderate bilateral foraminal narrowing. [REDACTED] is requesting complete blood count and preoperative testing. The utilization review determination being challenged is dated 10/08/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/13/14-10/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete blood count (CBC):** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 70.

**Decision rationale:** This patient presents with low back pain with L5-S1 disc desiccation with multilevel L3 to S1 mild-to-moderate bilateral foraminal narrowing. The request is for complete

blood count. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testing; however, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating labs after this treatment duration has not been established." In this case, none of the medical reports list NSAIDs or other medications to determine whether or not CBC is needed. The provider appears to be requesting this for pre-operative measures but does not discuss what surgery is being scheduled. Recommendation is for denial.

**PT/PTT:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preoperative lab testing, low back chapter

**Decision rationale:** This patient presents with low back pain with L5-S1 disc desiccation with multilevel L3 to S1 mild-to-moderate bilateral foraminal narrowing. The request is for preoperative testing. ODG guide line states "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." In this case, the provider doesn't provide any documentation of reasoning that the patient needs preoperative testing. There is no discussion as to what surgery is being scheduled or recommended. Recommendation is for denial.