

<b>Case Number:</b>	CM14-0181248		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	11/07/2001
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Interventional spine 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 58 year old female with an injury date of 11/07/01. Based on the 10/01/14 progress report provided by [REDACTED] the patient complains pain in the low back, shoulder, and neck. The patient had multiple surgeries in the past, on 10/1/12 for lumbar facet and 09/15/14 for dual percutaneous dorsal column stimulator therapy. The patient has a spinal cord stimulator trial with dual Octrode spanning from the upper margin of T7 to the middle of T9. The patient has tenderness to palpation over the screws, especially on the right side of incision. Motor is grossly intact in bilateral lower extremities and there is sensation intact to light touch. According to 10/07/14 progress report, the patient's medications are Ambien, Famotidine, Flexeril, Lidoderm 5% patch, Lorazepam, Amitiza, Orphenadrine, Pramipexole, Ms Contin, Percocet, Tramadol, Advair, Clonidine, Estradiol, Losartan-hydrochlorothiazide, Montelukast Sod, Nystatin cream, and Proair Hfa 90Mcg inhaler. Her diagnosis include the following:

1. Successful trial of thoracic spinal cord stimulator
2. S/P L3 to L5 TLIF on 12/20/12
3. S/P removal of anterior cervical plate by [REDACTED]
4. S/P ACDF C4-C5 and posterior cervical fusion C4 to C7 on 6/2010

[REDACTED] is requesting for a blood work-CBC, CMP, and PT/PTT. The utilization review determination being challenged is dated 10/22/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/20/14-11/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bloodwork - CBC, CMP and PT/PTT.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Integrated Treatment /Disability Duration Guidelines, Low Back - Preoperative 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 testing

**Decision rationale:** This patient presents with post multiple surgeries status with pain in low back, shoulder, and neck. The request is for a blood work-CBC, CMP, and PT/PTT. The request is for pre-operative routine testing prior to spinal cord implant following trial. The low back chapter of ODG states "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. ... Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease, that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed." The treater documented on 10/01/14 progress report that the patient is relieved 50% of her prior pain with a spinal cord stimulator trial and plans to request for placement of permanent spinal cord stimulator. Routine laboratory testing prior to spinal cord implantation appear reasonable and supported by ODG therefore the request is medically necessary.