

Case Number:	CM14-0023669		
Date Assigned:	05/12/2014	Date of Injury:	12/01/1999
Decision Date:	07/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 General Surgeon 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:

The injured worker is a 54-year-old male with a reported date of injury of 12/01/1999. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with low back pain, and lumbar complaints. The injured worker rated the pain at 9/10. An MRI of the lumbar spine dated 05/25/2012 revealed prior fusion at L2-3, and L5-S1, with prior laminectomy at L4-5 and L5-S1. The lumbar spine MRI dated 12/18/2013 revealed degenerative facet hypertrophy causing right sided foraminal narrowing at L4-5 and L5-S1, nodule at L1 vertebral body, probable hemangioma. The cervical spine MRI dated 12/18/2013 revealed atrophy causing mild to moderate neuroforaminal narrowing at the C4-5 and C5-6 levels. According to the clinical information provided for review, the injured worker underwent bilateral L4-5 transforaminal injections on 01/16/2014, the results of which were not provided within the documentation available for review. The CT of the lumbar spine dated 01/21/2014 revealed bilateral stable fusion, stable laminectomy changes, and no significant bony canal narrowing at any level. The injured worker's diagnoses included chronic low back pain with intermittent bilateral lower extremity pain and numbness, right greater than left, L4-5 disc protrusion. In addition, the injured worker was noted to have status post global fusions at L2-3 and L5-S1 with subsequent posterior hardware removal. The injured worker's medication regimen includes Wellbutrin, acyclovir, and Percocet. The request for authorization for a CBC (complete blood count) preoperative laboratory test, PT (Prothrombin time), preoperative laboratory test, PTT (Partial Thromboplastin Time) preoperative laboratory test, CMP (comprehensive metabolic panel) preoperative laboratory test, UA (urinalysis) preoperative laboratory test, and a chest x-ray was submitted on 02/26/2014. In the clinical note dated 02/14/2014, the physician indicates that he is requesting screening lab tests including an

assessment for a number of concurrent diagnoses. The rationale for the request for the chest x-ray and urinalysis was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC(COMPLETE BLOOD COUNT)PRE-OPERATIVE LABORATORY TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend preoperative lab testing as indicated. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. According to the guidelines, laboratory tests besides generating high and unnecessary cost, are not good standardized screening instruments for diseases. Preoperative and routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. The criteria for preoperative lab testing should include: Preoperative urinalysis is recommended for patients who are undergoing invasive urological procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. In addition, random glucose testing should be performed in patients with high risk of undiagnosed diabetes mellitus. A complete blood count is indicated for patients with disease and increased risk of anemia or patients in whom significant perioperative blood loss is anticipated and coagulation studies are reserved for patients with a history of medical conditions that predispose them to bleeding and for those taking anticoagulants. The clinical note dated 02/14/2014, the physician indicated the screening labs for assessment of a number of concurrent diagnoses. Within the clinical information provided for review, there is a lack of documentation related to a pending surgical procedure. In addition, the injured worker is not undergoing an invasive urological procedure nor has a history of disease that predisposes him to electrolyte abnormalities, and the injured worker is not, according to the documentation provided, taking anticoagulants. Therefore, the request for CBC (complete blood count) preoperative laboratory test is not medically necessary.

PT(PROTHROMBIN TIME) PREOPERATIVE LABORATORY TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend preoperative lab testing as indicated. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. According to the guidelines, laboratory tests besides generating high and unnecessary cost are not good standardized screening instruments for diseases. Preoperative and routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. The criteria for preoperative lab testing should include: Preoperative urinalysis is recommended for patients who are undergoing invasive urological procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. In addition, random glucose testing should be performed in patients with high risk of undiagnosed diabetes mellitus. A complete blood count is indicated for patients with disease and increased risk of anemia or patients in whom significant perioperative blood loss is anticipated and coagulation studies are reserved for patients with a history of medical conditions that predispose them to bleeding and for those taking anticoagulants. The clinical note dated 02/14/2014, the physician indicated the screening labs for assessment of a number of concurrent diagnoses. Within the clinical information provided for review, there is a lack of documentation related to a pending surgical procedure. In addition, the injured worker is not undergoing an invasive urological procedure nor has a history of disease that predisposes him to electrolyte abnormalities, and the injured worker is not, according to the documentation provided, taking anticoagulants. Therefore, the request for PT (Prothrombin Time) preoperative laboratory test is not medically necessary.

PTT(PARTIAL THROMBOPLASTIN TIME) PRE -OPERATIVE LABORATORY TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation) Low Back, Preoperative Lab Testing.

Decision rationale: The Official Disability Guidelines recommend preoperative lab testing as indicated. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. According to the guidelines, laboratory tests besides generating high and unnecessary cost are not good standardized screening instruments for diseases. Preoperative and routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. The criteria for preoperative lab testing should include: Preoperative urinalysis is recommended for patients who are undergoing invasive urological procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. In addition, random glucose testing should be performed in patients with high risk of undiagnosed diabetes mellitus. A complete blood count is indicated for patients with disease and increased risk of anemia or patients in whom significant perioperative blood loss is anticipated and coagulation studies are reserved for patients with a history of medical conditions

that predispose them to bleeding and for those taking anticoagulants. The clinical note dated 02/14/2014, the physician indicated the screening labs for assessment of a number of concurrent diagnoses. Within the clinical information provided for review, there is a lack of documentation related to a pending surgical procedure. In addition, the injured worker is not undergoing an invasive urological procedure nor has a history of disease that predisposes him to electrolyte abnormalities, and the injured worker is not, according to the documentation provided, taking anticoagulants. Therefore, the request for PTT (Partial Thromboplastin Time) preoperative laboratory test is not medically necessary.

CMP(COMPREHENSIVE METABOLIC PANEL) PRE-OPERATIVE LABORATORY TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend preoperative lab testing as indicated. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. According to the guidelines, laboratory tests besides generating high and unnecessary cost are not good standardized screening instruments for diseases. Preoperative and routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. The criteria for preoperative lab testing should include: Preoperative urinalysis is recommended for patients who are undergoing invasive urological procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. In addition, random glucose testing should be performed in patients with high risk of undiagnosed diabetes mellitus. A complete blood count is indicated for patients with disease and increased risk of anemia or patients in whom significant perioperative blood loss is anticipated and coagulation studies are reserved for patients with a history of medical conditions that predispose them to bleeding and for those taking anticoagulants. The clinical note dated 02/14/2014, the physician indicated the screening labs for assessment of a number of concurrent diagnoses. Within the clinical information provided for review, there is a lack of documentation related to a pending surgical procedure. In addition, the injured worker is not undergoing an invasive urological procedure nor has a history of disease that predisposes him to electrolyte abnormalities, and the injured worker is not, according to the documentation provided, taking anticoagulants. Therefore, the request for CMP (comprehensive metabolic panel preoperative laboratory test is not medically necessary.

UA(URINE ANALYSIS) PRE-OPERATIVE LABORATORY TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Preoperative Lab.

Decision rationale: The Official Disability Guidelines recommend preoperative lab testing as indicated. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. According to the guidelines, laboratory tests besides generating high and unnecessary cost are not good standardized screening instruments for diseases. Preoperative and routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. The criteria for preoperative lab testing should include: Preoperative urinalysis is recommended for patients who are undergoing invasive urological procedures and those undergoing implantation of foreign material. The clinical note dated 02/14/2014, the physician indicated the screening labs for assessment of a number of concurrent diagnoses. Within the clinical information provided for review, there is a lack of documentation related to a pending surgical procedure. In addition, the injured worker is not undergoing an invasive urological procedure. Therefore, the request for a UA (urinalysis) preoperative laboratory test is not medically necessary.

CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pulmonary, X-ray.

Decision rationale: The Official Disability Guidelines recommend x-rays if acute cardiopulmonary findings by history/physical or chronic cardiopulmonary disease in the elderly greater than 65. Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first line of study used to help diagnose symptoms such shortness of breath, persistent cough, chest pain, or injury and fever. In the clinical note dated 02/14/2014, the physician indicated that the injured worker's respiratory assessment revealed even respirations without use of accessory muscles and no interstitial retractions were observed. Chest inspection revealed chest configuration nonhyperinflated and symmetric expansion. Auscultation of lungs revealed clear lung fields and no rubs noted. The rationale for the request was not provided within the documentation available for review. There is a lack of documentation related to objective clinical findings of cardiopulmonary disease, shortness of breath, cough, chest pain, or injury and fever. Therefore, the request for chest x-ray is not medically necessary.