

Case Number:	CM14-0029163		
Date Assigned:	06/20/2014	Date of Injury:	01/14/2011
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 and New York. 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 50-year-old female with a reported date of injury on 01/14/2011. The mechanism of injury was reported as a slip and fall. The injured worker presented with severe low back pain. The pain radiated to the left ankle, left calf, left foot, left thigh, and right thigh. The documentation indicated the injured worker had a history of carpal tunnel release in 1990, hysterectomy in 1999, and back surgery in 2001. Upon physical examination, the injured worker's neck/thyroid inspection revealed symmetry. The injured worker's lumbar spine range of motion revealed active lumbar range of motion with the limiting factors of pain. The lumbar x-ray dated 05/31/2011 revealed multilevel degenerative changes with no evidence of dynamic instability. The injured worker's TSH blood work 10/07/2013 revealed 1.46 with a normal range being between 0.4 and 4.3. The complete blood count dated 01/02/2014 was revealed within normal limits. The complete blood count dated 11/08/2013 also revealed within normal limits. The injured worker's previous physical therapy or conservative care was not provided within the documentation available for review. The injured worker's diagnosis included facet arthropathy, neck pain, chronic pain, radiculopathy in the thoracic and lumbosacral spine, hypertension, memory loss, degenerative disc disease, psychosocial dysfunction, opioid dependence, obesity, low back pain, depression, GERD, sleep disturbance, sciatica, lack of adequate sleep, and headache as well as failed back lumbar surgery syndrome. The injured worker's medication regimen included morphine sulfate, hydrocodone and Cymbalta. The request for authorization for one laboratory works (prostate specific antigen and testosterone screening) and one blood works (complete blood count, chem panel, and thyroid stimulating hormone) was submitted on 03/07/2014. The rationale for the request 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:

One laboratory works (Prostate Specific Antigen and Testosterone Screening): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

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, Preoperative Lab Testing.

Decision rationale: The Official Disability Guidelines state that preoperative lab testing is recommended as indicated. 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. Criteria for preoperative lab testing would include 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. The clinical note dated 10/07/2013 indicates the injured worker had a TSH level within normal limits. In addition, the laboratory note dated 11/10/2013 and 01/02/2014 revealed lab CBC within normal limits. The rationale for the request was not provided within the documentation available for review. The injured worker is a female with a reported hysterectomy in 1999. Blood levels for prostate specific antigen testosterone screening are utilized in male injured workers. Therefore, the request for 1 laboratory works (prostate specific antigen and testosterone screening) is non-certified.

One blood works (Complete Blood Count, Chem Panel, and Thyroid Stimulating Hormone): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

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, Preoperative Lab Testing.

Decision rationale: The Official Disability Guidelines state that preoperative lab testing is recommended as indicated. 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. Criteria for preoperative lab testing would include 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. 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. The clinical note indicates

that on 10/07/2013 the injured worker had a TSH level within normal limits. The laboratory note dated 11/10/2013 and 01/02/2014 revealed CBC within normal limits. The rationale for the request was not provided within the documentation available for review. As such, the rationale for additional lab work is unclear. According to the clinical documentation provided, the injured worker does not have a diagnosed risk of anemia. Therefore, the request for one blood works (complete blood count, chem panel, and thyroid stimulating hormone) is non-certified.