

<b>Case Number:</b>	CM14-0032414		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Family Medicine 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 51 year old woman who was injured at work on 2/24/2012. The injury occurred while lifting a box weighing approximately 40-45 pounds. She developed pain in both shoulders and in the lower back. After ongoing assessment she was diagnosed with lumbar sprain/strain with herniated nucleus pulposus and underwent a lumbar spine epidural injection of L3-L4, L4-L5, and L5-S1. She is under evaluation for a repeat procedure and she is requesting a review of denial for the following pre-operative laboratory tests: CBC, SMA7, PT, PTT, INR. The medical records include an encounter dated 12/19/2013 as a pre-procedure assessment for a repeat lumbar epidural steroid injection. The note indicates that the above tests were ordered. There is a note labeled "Pre-Op/OR Record." The patient is listed as not having the following conditions: Heart Disease, Diabetes, Smoking, Bleeding Problems, Asthma, Hepatitis, or Hypertension. There are no medications listed other than "pain medications."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OP LABS (CBC, SMA7, PT, PTT, INR):** 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 American Society of Anesthesiologists Choosing Wisely Program ([www.choosingwisely.org/doctor-patient-lists/american-society-of-anesthesiologists](http://www.choosingwisely.org/doctor-patient-lists/american-society-of-anesthesiologists))

**Decision rationale:** The Choosing Wisely Program is an initiative by the American Board of Internal Medicine. It provides specialty-specific lists of routine tests that are not recommended. The American Society of Anesthesiologists component of the Choosing Wisely Program lists the following: Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery - specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal. In reviewing the patient's medical record, there are no listed chronic conditions that are consistent with a significant systemic disease. The procedure, an epidural steroid injection, is considered low-risk and is unlikely to be associated with significant blood loss or fluid shifts. In summary, there is no medical justification for these listed pre-operative tests. They are not medically necessary.