

<b>Case Number:</b>	CM14-0039714		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/18/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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 injured worker is a 68-year-old female, who reported injury on 11/18/2003. The mechanism of injury was the injured worker was hit in the head by a door. The prior diagnostic studies included multiple MRIs of the cervical spine. The prior surgical history included a cervical fusion of C5 through C7. Prior conservative treatments included medications and being off of work. The documentation of 01/10/2014 revealed the injured worker had intractable neck pain and spasms. The injured worker on physical examination was noted to be clear and unimpaired from medications, and neatly groomed. The diagnoses included cervical spondylosis with neck pain, mechanical neck pain sequela to industrial injuries, cervical fusion with an unstable fusion and anterior listhesis, awaiting surgical evaluation. The treatment plan included a followup with a surgeon. There was no Request for Authorization or specific physician documentation requesting the treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Op Labs:** 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) Treatment in Worker's Comp., 18th Edition, 2013: 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 lab testing.

**Decision rationale:** The Official Disability Guidelines indicate that preoperative laboratory testing should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. There was no Request for Authorization or specific physician documentation requesting the pre-op labs. There was a lack of documentation indicating the injured worker was approved to undergo surgical intervention. Additionally, the request as submitted failed to indicate the type of laboratory testing being requested. Given the above, the request for preop labs is not medically necessary.