

Case Number:	CM14-0052092		
Date Assigned:	07/07/2014	Date of Injury:	02/14/2013
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 31-year-old male reported an industrial injury on 2/14/2013 to the right shoulder and mid back attributed to the performance of his customary work tasks. The patient reported having strained his right arm and upper back attributed to pushing a heavy cart onto a railing at which time he perceived a pop to the right shoulder. An initial orthopedic evaluation dated 5/20/2013 reported that the patient complained of right shoulder and mid back pain. The objective findings on examination included tenderness to palpation over the paraspinal musculature in the mid back region along with reported decreased range of motion. The patient was treated conservatively initially with chiropractic care; physiotherapy; an electric muscle stimulator; medications; and imaging studies. The patient was diagnosed with right shoulder strain/sprain; possible tendinitis; impingement; rotator cuff tear, internal derangement, and mid back sprain/strain. An MRI of the thoracic spine was obtained which documented a disc protrusion defacing the thecal sac at T10-T11; T10 exiting nerve roots were unremarkable; T11-T12 demonstrated this protrusion effacing the thecal sac. A request was made for epidural steroid injections to the thoracic spine and levels T10-T11 and T11-T12. There was a request for "preoperative laboratory workup."

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Laboratory Work Up: 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) Low Back - Lumbar & Thoracic (Acute & Chronic) (Updated 3/18/14); Preoperative lab 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 patient was ordered a preoperative laboratory workup; however, there was no specific laboratory testing requested. A preoperative laboratory workup has specific laboratory values to be requested to evaluate for patient stability prior to a surgical intervention. There was no rationale supported by objective evidence to support the medical necessity of the requested "preoperative laboratory workup." The testing included in the workup was not specified. The requested surgical intervention or procedure was assessed as not medically necessary. Since the requested procedure was not medically necessary and there is no medical necessity for the requested laboratory values. Preoperative laboratory testing is generally medically necessary for patients of certain age groups with documented underlying medical issues or prolonged use of medications to establish patient stability prior to surgical intervention. Since there was no specificity applied to the request, there is no demonstrated medical necessity. Since the requested procedure was assessed as not medically necessary, the request for preoperative lab testing or workup is also not medically necessary.