

<b>Case Number:</b>	CM14-0058413		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Internal 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 injured worker is a 52 year old woman whose reported date of injury is December 29, 2006. The injured worker was seen on March 06, 2014 for chronic venous insufficiency and venous varicosities of lower extremities. She was noted to have complaints of poor circulation with heaviness, burning, pressure and itching of the legs. It was noted on review of systems, no dyspnea or chest pain. No icterus or other abnormalities were noted. The injured worker had a medical history of hypertension, degenerative joint disease and gastroesophageal reflux disease. There was no history of coronary artery disease, anemia, renal disease or liver disease. On examination, she was noted to be overweight with normal vital signs otherwise. Systemic examination including heart and lung examination was normal. She did have hyperpigmentation and varicosities on bilateral lower extremities. The plan of care included surgery for relief of varicosities. The injured worker was noted to be permanent and stationary from a work standpoint related to an injury in 2006 involving her low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative Comprehensive Metabolic Panel, Complete Blood Count, Chest X-Ray:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Low Back- Lumbar & Thoracic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): SECTION - Low back; subsection - pre operative screening laboratory evaluation. Other Medical Treatment Guideline or Medical Evidence: Molly A. Feely et al. Am Fam Physician. 2013 Mar 15;87(6):414-418. <http://www.aafp.org/afp/2013/0315/p414.html>, accessed 8/18/2014.

**Decision rationale:** Pre-surgical evaluation with screening laboratory evaluation including Comprehensive metabolic panel, international normalized ratio, physical therapy, complete blood count, electrocardiogram and chest x-ray are not recommended unless clinical signs and symptoms specifically suggest significant physiologic perturbations. Since the review of systems and clinical history as well as examination documented by the physician do not support any evidence of underlying anemia, renal or liver disease, cardiac or pulmonary disease, there is no indication to obtain any pre-operative evaluation with screening laboratories, electrocardiogram or chest x-ray. Therefore, the request is not medically necessary.