

Case Number:	CM14-0085988		
Date Assigned:	07/23/2014	Date of Injury:	06/10/2013
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 47-year-old male who reported an injury on 06/10/2013 due to an unknown mechanism. Diagnoses for the injured worker were lumbar spine strain/sprain, herniated lumbar disc L5-S1, and spondylolithesis at the L5-S1 with L4-L5 radiculopathy. Alopecia areata, left knee sprain/strain, rule out internal derangement, stress, anxiety and depression. Past treatments for the injured worker were not reported but stated as conservative care failed. Diagnostic studies for the injured worker were MRI that revealed broad-based disc protrusions, and an EMG/NCV that revealed radiculopathy. Past surgeries were not reported. Examination on 06/05/2014 revealed complaints of low back pain with radicular symptoms in the lower extremities, and numbness that went all the way down to the calf. Examination of the lumbar spine revealed flexion was to 45 degrees, extension was to 15 degrees, bending to the right and to the left was to 20 degrees. Straight leg raise was positive at 75 degrees on the left and cross positive 90 degrees on the right, eliciting pain at L5, S1 dermatome distribution. Deep tendon reflexes for the knees were positive 2 on the right and a positive 1 on the left, right ankle was positive 1 and absent on the left. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5 and S1 dermatomal distribution. There was paraspinal tenderness with paraspinal spasms noted. Medications were not reported. Treatment plan was for lumbar epidural steroid injection with epidurogram. A DNA profile was stated to be requested to find out if the injured worker was a quick metabolizer or needed a high dose for detection (which he was not taking), as the urinalysis failed to detect any medications. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pr-Operative Labs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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 request for preoperative labs is non-certified. The Official Disability Guidelines states for preoperative lab testing it is recommended. Preoperative additional tests are excessively ordered, even for young patients with low surgical risks, with little or no interference in perioperative management. The medical guidelines states that for preoperative labs a urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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 failures. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The request submitted does not meet the criteria set forth by the medical guidelines. It was noted in the records submitted about a DNA profile to see if he is a quick metabolizer. It was noted that a request for epidural steroid injection was submitted. There were no medical comorbidities reported that would require laboratory testing before the procedure. The request submitted does not indicate what type of preoperative labs to be ordered. Therefore, the request is non-certified.