

Case Number:	CM14-0098525		
Date Assigned:	07/28/2014	Date of Injury:	11/05/2012
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/26/2014

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 Practice, 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 59 yr. old male claimant sustained a work injury on 11/5/12 involving the head, neck and shoulders. He was diagnosed with head trauma/facial bone fractures, herniated cervical disc right rotator cuff tear, herniated discs in the lumbar region, right epicondylitis and bilateral carpal tunnel syndrome. A progress note on 5/13/14 indicated the claimant had back pain radiating to the legs. He had limited range of motion of the back and positive straight leg raise findings. He was recommended to get epidural steroid injections and obtain pre-operative labs. He had already undergone previously undergone shoulder arthroscopies without complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Labs CBC PT PTT INR SMA7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Low back Chapter, 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) Pre-operative labs and on the Non-MTUS Pro-operative Testing in Non-cardiac surgery- AAFP March 2013.

Decision rationale: The MTUS and ACOEM guidelines do not comment on pre-operative labs. According to the ODG guidelines, Preoperative additional tests are excessively ordered, even for

young patients with low surgical risk, with little or no interference in preoperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. According to the American Academy of Family Physicians, pre-op labs are recommended for high-risk surgeries in high-risk patients. The claimant underwent prior surgeries without abnormal labs or outcomes. Epidurals are commonly done without labs and are considered low-risk procedures. The request for pre-operative labs is not medically necessary.