

Case Number:	CM13-0066170		
Date Assigned:	01/03/2014	Date of Injury:	12/06/2007
Decision Date:	01/23/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 55-year-old male who reported an injury on 12/06/2007. The mechanism of injury was a fall. His diagnoses were noted to include lumbosacral sprain/strain with radiculopathy, left lower extremity with progressive neural deterioration, exceedingly large disc herniation with cephalad extrusion at the L5-S1 level compressing the left side of the canal, moderate spinal stenosis L4-5, and history of sleep disorder, sexual dysfunction, depressed mood, treating with other specialists in the respected fields. His past treatments were noted to include a cane, work modification, medication, acupuncture, TENS unit. His diagnostic studies and surgical history were not provided. During the assessment on 10/21/2013, the injured worker complained of pain in his left lower extremity and weakness and pain in his lower back. His lower back pain was more problematic than his leg at that time. A physical examination revealed positive straight leg raise on the left side as well as with persistent weakness on the left. His medication list was not provided. The treatment plan was a recommendation that the injured worker should proceed with surgical decompression L4-5 and L5-S1 with discectomy left side L5-S1. The rationale for preop labs (CMP, CBC, PT, PTT, INR) was not provided. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP LABS (CMP, CBC, PT, PTT-INR): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES; LOW BACK PROCEDURE, 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, Preoperative testing, general

Decision rationale: The request for preop labs (CMP, CBC, PT, PTT, INR) is medically necessary. The Official Disability Guidelines state that preoperative additional tests are excessively ordered even for young patients with low surgical risks, with little or no interference in preoperative management. The criteria for preoperative lab testing is: Preoperative urinalysis is recommended 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 failure. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients whom significant preoperative blood loss is anticipated. Coagulation studies are reserved for patients with histories of bleeding, medical conditions that predispose them to bleeding, and for those taking anticoagulants. As the proposed surgery was approved, the request for preoperative labs is supported. There is a need for these studies based on age, general anesthesia considerations and the safety of the patient. As such, the request is medically necessary.