

Case Number:	CM14-0136998		
Date Assigned:	09/08/2014	Date of Injury:	10/08/2007
Decision Date:	01/09/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 patient is a 31 year old male who was injured on 10/08/2007. The mechanism of injury is unknown. The Progress report dated 07/16/2014 states the patient presented to the office with complaints of low back pain and it radiates into the right leg with numbness and paresthesia. He rated his pain as 6-7/10 and complained of weakness and mild numbness of bilateral lower extremities, right greater than left. His examination revealed positive straight leg raise at 40 degrees on the right. Forward flexion of the lumbar spine revealed the patient is able to reach to the knees; lateral bending to the right is 0-10 degrees; the left is 20-30 degrees with pain; extension measures 0-10 degrees; right resisted rotation is diminished. The patient was diagnosed with low back pain, lumbar disc displacement, and lumbar radiculopathy. The patient was awaiting knee surgery and had a request for pre-op work including a CBC, chest x-ray, CMP, HIV, UA, PTT and EKG. Prior utilization review dated 07/28/2014 states the request for Complete Blood Count; Metabolic Panel; Partial Pro-thrombin Time; Hepatic Panel; HIV Testing; Urinalysis; Electrocardiogram; and Chest X-Ray is not certified as the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance: Complete Blood Count, Comprehensive Metabolic Panel, Partial Prothrombin Time and Hepatic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003642.html>

Decision rationale: The guidelines recommend against routine preoperative laboratory testing in the absence of clinical indications. The clinical documents provided did not identify a clinical indication for laboratory testing. This is an otherwise healthy patient for which preoperative blood testing is generally not indicated. There was also an inadequate discussion of previous blood tests with concise discussion. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

HIV Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/hiv-antibody>

Decision rationale: The guidelines recommend against routine preoperative laboratory testing in the absence of clinical indications. The clinical documents provided did not identify a clinical indication for laboratory testing. This is an otherwise healthy patient for which preoperative blood testing is generally not indicated. There was also an inadequate discussion of previous blood tests with concise discussion. It is unclear if the patient had a recent HIV test or has ever been tested for HIV previously. It is unclear if the patient engaged in any recent high risk sexual activity. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003579.html>

Decision rationale: The guidelines recommend against routine preoperative urinalysis testing in the absence of clinical indications. The clinical documents provided did not identify a clinical indication for urine drug screen. This is an otherwise healthy patient for which preoperative urine testing is not indicated. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003868.html>

Decision rationale: The guidelines recommend EKG for patients with at least one clinical risk factor or known CAD undergoing intermediate or high-risk surgery. The documents did not discuss any of the patient's clinical risk factors or history of CAD. The documents did not discuss if any previous EKGs have been performed. The notes did not adequately discuss the indication or reason for ordering EKG prior to the procedure. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary,
Radiography (Diagnostic)

Decision rationale: The guidelines recommend against routine preoperative chest x-ray in the absence of clinical indications. The clinical documents provided did not identify a clinical indication for chest x-ray. The patient does not appear to have any subjective or objective pulmonary findings at this time. This is an otherwise healthy patient for which preoperative chest x-ray is not indicated. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.