

Case Number:	CM14-0194587		
Date Assigned:	12/02/2014	Date of Injury:	12/30/2013
Decision Date:	03/04/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 56 year old male with a date of injury of 12/30/2013. He had a fall and had back pain. On 03/18/2014 he had a lumbar MRI. There was no central canal stenosis or foraminal stenosis. Disc bulge and facet arthropathy were noted. There was contact with the S1 nerve root. Diagnoses included lumbar disc herniation at 2 levels, lumbosacral radiculitis, and diabetes mellitus. He was treated with physical therapy, Tramadol and Naprosyn, but had ongoing pain and paresthesia. A note dated 10/16/2014 revealed the IW had low back pain that radiated to the right knee and to the left foot. Lumbar range of motion was normal. Bilateral straight leg testing was positive. Motor exam was normal. Sensory exam was consistent with a lumbar radiculopathy at S1 distribution. The IW was working with prescribed restrictions, but would be changed to temporary total disability if he was unable to comply with restrictions. On October 24, 2014 UR non-certified requests for pre-operative complete blood count, coagulation studies, liver and renal studies. The UR decision modified the request to certify hemoglobin A1C levels. Additionally, the request for an epidural steroid injection was certified. Ca MTUS and ODG guideline were cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) preoperative complete blood count with differential prothrombin, and partial thrombin time tests: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Tests

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 Procedures

Decision rationale: CA MTUS guidelines are silent on this topic. ODG guidelines recommend preoperative testing be guided by a person's "clinical history, comorbidities, and physical examination findings" With respect to a preoperative complete blood count, ODG guidelines recommend this test for patients undergoing procedures in which blood loss is anticipated or people with increased risk for anemia. With respect to coagulation studies, they are recommended for patients with a known bleeding diathesis or those taking anticoagulation medications. The IW does not have any known conditions to suggest anemia or coagulation disorders. The planned procedure is one of low risk for acute blood loss. As such, the request is not medically necessary.

One (1) transformaminal lumbar epidural steroid injection at the levels of L5-S1: Upheld

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

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 Procedures

Decision rationale: CA MTUS guidelines are silent on this topic. ODG guidelines recommend pre-operative electrocardiograms for people undergoing high-risk surgery or those with medium risk surgery and other health risk factors. ODG further defines low risk procedures as those that are typically done in an ambulatory setting. The IW has a diagnosis of diabetes, but does not documented cardiac history or other cardiac risk factors. The request for pre-operative electrocardiography is not medically necessary.

One (1) preoperative 12 lead electrocardiography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Electrocardiography

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 Procedures

Decision rationale: CA MTUS guidelines are silent on this topic. ODG guidelines recommend pre-operative liver and renal testing for people in which underlying chronic disease or medications may create abnormalities in levels. ODG recommend Hemoglobin A1C level testing for people with known diabetes in which the result would change perioperative management. While this patient has diabetes, long term control of blood glucose levels, as measured by this test, would not change the perioperative management. The request is not medically necessary.