

<b>Case Number:</b>	CM14-0215848		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

### 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 male patient who sustained an industrial injury on 01/23/2009. A follow up visit dated 11/25/2014 described the patient's chief complaint as low back pain. The pain is reported as excruciating low bak pain that radiates into his legs. Physical examination found him with paravertebral muscle tenderness in the lower lumbar region. The straight leg raise is positive and he has decreased sensation to light touch over the left L-4 and L-5 dermatomes. He is diagnosed with lumbar spinal stenosis and lumbar radiculopathy. Prior conservative treatment includes epidural steroid injections and pain management. On 11/28/2014 Utilization Review non-certified a request for pre-operative laboratory testing, noting the Official Disability Guidelines, Low Back, Lumbar/Thoracic, Acute and Chronic was cited. The injured worker submitted an application for independent medical review of the requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OP LABWORK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation I am unable to use current guidelines due to the nature of the request.

**Decision rationale:** MTUS treatment guidelines do not specifically discuss labs, and due to the nature of the request other guidelines were not used. The reason that “labwork” is ordered is stated because the patient is recommended to undergo surgery. The surgery is not stated, and the labwork requested for that surgery are not clearly stated. According to the clinical documentation provided, Labwork is not indicated as a medical necessity to the patient at this time.