

Case Number:	CM15-0003475		
Date Assigned:	01/14/2015	Date of Injury:	04/28/2012
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year old male who sustained an industrial injury to his left groin when lifting concrete bags on April 28, 2012. The injured worker was diagnosed with a left inguinal hernia and underwent a left inguinal hernia repair with mesh and removal of lipomas of the spermatic cord on July 27, 2012. The patient continued to experience pain in the left groin despite trigger point and steroid injections to the left inguinal region. On April 2, 2014 the patient underwent an exploration of the left groin, neurectomy x3 and redo hernia repair. He continues to experience constant inguinal, inner thigh and penile pain. Current medications were documented as Gabapentin, Zolpidem, Fluvoxamine, Norco, Xanax and Cialis. Treatment modalities consist of physical therapy, psychiatric evaluation and follow up for depression with supportive therapy and home exercise program. The current plan is for a spinal cord stimulator (SCS) implant lead. The injured worker remains on temporary total disability (TTD) and unable to work. The treating physician requested authorization for Electrocardiogram (EKG), Complete Metabolic Panel (CMP), and Complete Blood Count (CBC) prior to the surgical intervention. On December 12, 2014 the Utilization Review denied certification for Electrocardiogram (EKG), Complete Metabolic Panel (CMP), and Complete Blood Count (CBC). The Utilization Review noted that the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) do not address the subjects therefore the National Guideline Clearinghouse was utilized in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Labs: CMP, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Topic: Preoperative testing, labs

Decision rationale: ODG guidelines indicate a preoperative electrolyte and creatinine testing should be performed in patients with chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Review of the medical records does not indicate that the injured worker is taking any of those medications. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes A1c testing is recommended only if the results will change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. A review of the medical records does not indicate any such indications here for a complete blood count. No blood loss is expected from the surgical procedure. As such, the request for preoperative labs including a complete metabolic panel and complete blood count is not supported by guidelines and the medical necessity is not established.

Associate Surgical Service: EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative electrocardiogram

Decision rationale: ODG guidelines recommend a thorough history and physical examination prior to surgery. Preoperative electrocardiogram is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Patient's undergoing low risk surgery does not require echocardiography. The surgical procedure here is a low risk surgery. There is no history of cardiovascular disease and as such, the request for a preoperative electrocardiogram is not supported and the medical necessity is not established.