

<b>Case Number:</b>	CM15-0003657		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 is a 42 year old female, who sustained an industrial injury on 3/11/2014. The diagnoses have included cervical strain, herniated disc at C6-7, moderate central stenosis at L4 and chronic left L5 radiculopathy. Treatment to date has included physical therapy, acupuncture, chiropractic treatment and a lumbar epidural block. Per the orthopedic consultation from 11/20/2014, the injured worker complained of persistent neck pain that radiated into the right arm to the elbow and wrist. She also complained of constant low back pain. Physical exam of the neck and upper extremities revealed lateral tenderness on the right from C3 to T1 over the right trapezius muscle. The injured worker walked with a left leg limp. Per this report, the injured worker was a candidate for an epidural block at C6-7 and a decompressive laminectomy at L4-5. Per the Primary Treating Physician's Progress Report from 12/8/2014, current medications included Gabapentin, Ultracet and Cyclobenzaprine. Authorization was requested for the recommended decompressive laminectomy and epidural block. Authorization was requested for preoperative laboratory studies. The injured worker underwent cervical epidural steroid block under fluoroscopy with epidurography at right C6-7 on 12/19/2014. On 12/9/2014, Utilization Review (UR) modified a request for Labs: complete blood count (CBC), SMA 18, partial thromboplastin time (PTT), PTT, Westergen sedimentation rate and urinalysis (UA) to CBC, SMA 18, PTT, PTT and UA, noting that the Westergen sedimentation rate is not a standard test and there are no clinical findings to show it is necessary. The physician cited <http://www.ncbi.nlm.nih.gov/pubmed/1979.1973>.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: CBC, SMA18,m PTT, PTT, Westergen sed rate and Urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/19791973>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com Preoperative medical evaluation of the healthy patient

**Decision rationale:** According to UptoDate.com routine preoperative laboratory tests have not been shown to improve patient outcomes among healthy patients undergoing surgery. In addition, routine testing in healthy patient has poor predictive value, leading to false-positive test results and/or increased medico-legal risk for not following up on abnormal test results. They suggest baseline hemoglobin measurement for all patients 65 years of age or older who are undergoing major surgery and for younger patients undergoing surgery that is expected to result in significant blood loss. For other healthy patients, they suggest NOT performing routine hemoglobin, white blood count, or platelet measurements. In the revised cardiac risk index, a serum creatinine >2.0 mg/dL (177 micromol/L) predicted postoperative cardiac complications. We suggest NOT obtaining a serum creatinine concentration, except in the following patients (Grade 2B) (see 'Renal function' above):Patients over the age of 50 undergoing intermediate or high risk surgery. Younger patients suspected of having renal disease, when hypotension is likely during surgery, or when nephrotoxic medications will be used. They suggest NOT testing for serum electrolytes, blood glucose, liver function, hemostasis, or urinalysis in the healthy preoperative patients. They suggest pregnancy testing in all reproductive age women prior to surgery, rather than use of history-taking alone to determine pregnancy. In this case the patient is a healthy 42year old woman without any signs or symptoms of underlying chronic illness.