

Case Number:	CM15-0102842		
Date Assigned:	06/05/2015	Date of Injury:	08/09/2012
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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: Illinois, California, Texas
 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 42-year-old male who sustained an industrial injury on 8/09/12. Injury occurred when he was pulling a bucket from his truck that weighed 60-70 pounds and experienced sharp pain in his low back, stomach, and bilateral groin area. Past medical history was positive for hypertension, thyroid disease, obesity (BMI >40), and diabetes under control with medication. The injured worker was a smoker. He underwent umbilical hernia repair on 6/11/14, left inguinal hernia repair on 5/28/14, and right inguinal hernia repair on 7/08/14. The 9/18/14 lumbar spine MRI showed an L3/4 central disc protrusion eccentric towards the left, mildly displacing the descending left L4 nerve root and abutting the descending right L4 nerve root. The 5/4/15 treating physician report cited constant grade 7/10 low back pain with numbness/burning to the left anterior and lateral thigh. He had difficulty sleeping due to pain. Lumbar spine exam documented L5/S1 tenderness, motor loss in an L4/5 and L5/S1 distribution, painful range of motion, positive left straight leg raise, decreased left L4 dermatomal sensation, and left groin pain with range of motion testing. The treatment plan included home exercise program and Vicodin. Authorization was requested for L3/4 lumbar epidural steroid injection under fluoroscopy and pre-operative laboratory tests: CBC (complete blood count) CMP (complete metabolic panel), PT (prothrombin time), and PTT (partial thromboplastin time). The 5/8/15 utilization review certified a request for lumbar epidural steroid injection under fluoroscopy at L3/4. The associated request for pre-operative lab tests was non-certified as general anesthesia was not required for this procedure and there was no indication that the injured worker had any blood clotting disorders or poor control of his diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative laboratory tests: CBC (Complete Blood Count) CMP (Complete Metabolic Panel), PT (Prothrombin Time), PTT (Partial Thromboplastin Time): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a1> Medscape: Preoperative Testing and <http://www.guideline.gov/content.aspx?id=36197#Section 420> and Practice advisory for preanesthesia evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. This injured worker has significant co-morbidities that would support routine lab testing prior to anesthesia. Therefore, the medical necessity of this request prior to lumbar epidural steroid injection is established. Therefore, the requested treatment is medically necessary.