

Case Number:	CM15-0106371		
Date Assigned:	06/10/2015	Date of Injury:	08/20/2013
Decision Date:	07/20/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 20, 2013. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for prothrombin time with INR, basic metabolic panel, and complete blood count. The claims administrator referenced a RFA form received on May 13, 2015 in its determination. The applicant's attorney subsequently appealed. In an order form dated May 11, 2015, the attending provider sought authorization for a CBC, PT/INR, and BMP. Little supporting rationale seemingly accompanied the request. The treating provider's May 11, 2015 order form did not contain much supporting rationale but rather stated that these tests were being ordered "pre-procedure." In an associated progress note dated April 15, 2015, the applicant reported ongoing complaints of low back pain with associated upper and lower extremity paresthesias. The applicant was not working and receiving Workers' Compensation indemnity benefits and disability insurance benefits, it was reported. The applicant was on a variety of medications, including Ativan, Norco, Isentress, Truvada, Zantac, acyclovir, Robaxin, Prilosec, Latuda, Neurontin, Soma, Xanax, Depakote, Topamax, and Levoxyl, it was reported. Epidural steroid injection therapy was sought. The April 15, 2015 progress note did not make any mention of the laboratory testing in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prothrombin Time with INR (international normalized ratio): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative Lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/hematologic-manifestations-of-hiv-infection-thrombocytopenia-and-coagulation-abnormalities>, Hematologic manifestations of HIV infection: Thrombocytopenia and coagulation abnormalities.

Decision rationale: Yes, the request for a prothrombin time with associated INR is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. The request was framed as a request for pre-procedure laboratory testing. The attending provider suggested that he was pursuing epidural steroid injection therapy in an HIV positive applicant receiving antiretroviral medications. As noted in the comprehensive literature survey conducted by Uptodate.com updated on May 22, 2014, thrombocytopenia and other hematologic derangements are a relatively common finding in HIV infected applicants, affecting approximately 40% of all HIV infected individuals during the course of their illness. Obtaining the PT/INR in question to ensure that the applicant did not have any absolute hematologic contraindications to pursuing the epidural steroid injection in question was, thus, indicated. Therefore, the request is medically necessary.

Basic Metabolic Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative Lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/hematologic-manifestations-of-hiv-infection-thrombocytopenia-and-coagulation-abnormalities>, Hematologic manifestations of HIV infection: Thrombocytopenia and coagulation abnormalities.

Decision rationale: Similarly, the request for a basic metabolic panel is likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. Again, as suggested by Uptodate.com, however, hematologic abnormalities are a relatively common manifestation in HIV infected individuals. Here, the applicant did carry a diagnosis of HIV. Obtaining laboratory testing to include the basic metabolic panel prior to pursuit of a planned epidural steroid injection was, thus, indicated so as to ensure that the applicant did not have any absolute hematologic contraindications to moving forward with the procedure. Therefore, the request is medically necessary.

Complete Blood Count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative Lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/hematologic-manifestations-of-hiv-infection-thrombocytopenia-and-coagulation-abnormalities>, Hematologic manifestations of HIV infection: Thrombocytopenia and coagulation abnormalities.

Decision rationale: Finally, the request for a complete blood count (CBC) is likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the comprehensive literature survey conducted by Uptodate.com notes that HIV-associated thrombocytopenia is a common manifestation at any time during the course of an HIV infection, including in asymptomatic applicants. Here, the treating provider seemingly framed the request as a request for pre-procedure laboratory testing prior to a planned epidural steroid injection. Such testing was indicated, given the fact that the applicant carried diagnosis of HIV and was using antiretroviral therapy for the same. Such testing was indicated so as to ensure that the applicant did not have any blood dyscrasias present which would prevent pursuit of the planned epidural steroid injection. Therefore, the request is medically necessary.