

<b>Case Number:</b>	CM15-0014787		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/25/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 51-year-old female who sustained an industrial injury on 9/25/10. Injury occurred when she was lifting 40-pound boxes of chicken, and experienced increased low back and buttock pain. Past medical history was reported as negative. Conservative treatment included medications, multiple epidural steroid injections, trigger point injections, physical therapy, massage, chiropractic, and acupuncture treatment. The 11/13/15 lumbar spine MRI documented an L5/S1 central disc protrusion with disc extrusion and moderate left foraminal stenosis. The 12/16/14 lumbar spine x-rays documented mild disc height narrowing at L5/S1 with no evidence of spondylolisthesis. The 12/16/14 treating physician report cited bilateral low pain radiating into the left buttock and posterior thigh, with buzzing and numbness involving the bottom of the right foot. Symptoms were aggravated by sitting, sleeping and driving. Physical exam documented lumbosacral tenderness, normal lower extremity strength and sensation, 2+ and symmetrical patellar reflexes, and absent Achilles reflexes bilaterally. Straight leg raise tests were positive bilaterally. The diagnosis was lumbar degenerative disc disease, chronic back pain, lumbar foraminal stenosis, and left L5 radiculopathy. The patient had failed conservative treatment and lumbar decompression surgery with pre-operative medical clearance, EKG and labs was requested. The 12/24/14 utilization review certified the surgical request for left L5/S1 laminotomy and foraminotomy and modified the request for pre-operative medical clearance and labs to a pre-operative medical clearance with complete blood count (CBC), prothrombin time (PT), partial thromboplastin time (PTT), comprehensive metabolic panel (CMP), and urinalysis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op labs:** 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) Low Back, Preoperative lab testing.

**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. Basic lab testing is typically supported for patients undergoing general anesthesia. The 12/24/14 utilization review non-certified a request for non-specific lab work and certified individual requests for complete blood count (CBC), prothrombin time (PT), partial thromboplastin time (PTT), comprehensive metabolic panel (CMP), and urinalysis. There is no compelling reason noted in the submitted records to support the medical necessity of additional pre-op lab testing beyond the testing that has been certified. Therefore, this request is not medically necessary.