

Case Number:	CM15-0134790		
Date Assigned:	07/23/2015	Date of Injury:	03/26/2014
Decision Date:	09/29/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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

Certification(s)/Specialty: 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 60 year old male, who sustained an industrial injury on 3/26/14. He reported low back pain shooting to the legs with weakness. The injured worker was diagnosed as having lumbar stenosis. Treatment to date has included epidural injections, physical therapy, and medication. Currently, the injured worker complains of low back pain with radiation to both legs. The treating physician requested authorization for medical clearance labs. The treatment plan included L3-S1 decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance: 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: Preoperative testing, Laboratory testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations. Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: This review is written based on assumption that L3-S1 decompression has been determined to be medically necessary. Routine urinalysis is not recommended in asymptomatic patients except in those undergoing surgical implantation of foreign material (e.g., prosthetic joint, heart valve) or invasive urologic procedures. Findings from the history and physical examination, rather than age alone, should guide decisions about electrolyte and renal function testing. Compelling historical findings (e.g., hypertension, heart failure, chronic kidney disease, complicated diabetes mellitus, liver disease) and certain medications (e.g., diuretics, angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, non-steroidal anti-inflammatory drugs, digoxin) should drive the decision to perform preoperative electrolyte and creatinine testing. Preoperative random glucose measurement could be considered in patients at very high risk of undiagnosed diabetes on the basis of history, examination, or use of certain medications (e.g., glucocorticoids), and in patients with signs or symptoms of undiagnosed diabetes. CBC is recommended for select patients based on conditions that would increase the pretest probability of diagnosing anemia (e.g., a chronic inflammatory condition, chronic kidney disease, chronic liver disease, clinical signs or symptoms of anemia) or procedures in which significant blood loss is anticipated. Coagulation testing should be reserved for patients with medical conditions associated with impaired hemostasis (e.g., liver disease, diseases of hematopoiesis), patients taking anticoagulants, and those whose history or examination findings suggest an underlying coagulation disorder (e.g., history of spontaneous bruising or excessive surgical bleeding, family history of a known heritable coagulopathy). The "labs" requested are not specified, and therefore the request is not medically necessary.