

<b>Case Number:</b>	CM15-0135956		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Florida, 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 injured worker is a 48 year old female, who sustained an industrial injury on February 11, 2012, incurring low back injuries after heavy lifting. Magnetic Resonance Imaging revealed protrusions and facet changes. She was diagnosed with a lumbar sprain, sciatica and sacroiliac facet arthropathy. Treatment included acupuncture, physical therapy, and home exercise program and medication management. Currently, the injured worker complained of constant low back pain radiating to the right gluteal region and pain going down the right leg. She noted difficulty walking. Repeat Magnetic Resonance Imaging showed disc herniation with facet arthropathy. The injured worker failed conservative treatment and was recommended for a sacroiliac steroid block injection. The treatment plan that was requested for authorization included pre-operative laboratory testing.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>.

**Decision rationale:** This claimant was injured in 2012 with low back injury after heavy lifting. Magnetic Resonance Imaging revealed degenerative changes. The diagnoses were lumbar sprain, sciatica and sacroiliac facet arthropathy. There is constant low back pain radiating to the right gluteal region and pain going down the right leg. The recommendation was for a left sacroiliac steroid block injection. The treatment plan that was requested for authorization included pre-operative laboratory testing. The MTUS and ODG are silent on blood tests. Other resources were examined. [REDACTED] notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury, or what is driving their need as a preoperative screen. Blocks ordinarily do not require extensive pre-operative screening. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is appropriate non-certified under the medical sources reviewed.