

Case Number:	CM15-0165072		
Date Assigned:	09/02/2015	Date of Injury:	10/02/2011
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old woman sustained an industrial injury on 10-2-2011. The mechanism of injury is not detailed. Diagnoses include cervical and lumbar spine muscle spasms, cervical and lumbar spine disc protrusion, cervical spine annular tear, cervical and lumbar spine facet hypertrophy, lumbar stenosis, lumbar spondylolisthesis, bilateral carpal tunnel syndrome, bilateral De Quervain's disease, loss of sleep, and psychiatric component. Treatment has included oral medications. Physician notes on a PR-2 dated 8-18-2015 show complaints of neck pain with radiation to the bilateral shoulders, low back pain with radiation to the bilateral lower extremities with numbness, bilateral wrist pain with radiation to the fingers with numbness and tingling, loss of sleep due to pain, depression, anxiety, and irritability. All physical complaints are accompanied by numbness, tingling, and weakness to the listed body parts. Recommendations include surgical intervention and bilateral spica brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-operative diagnostic test (chest X-ray): 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 Official Disability Guidelines (ODG) Low Back Pain, Preoperative testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of preoperative testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG): "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient's requested CXR is not supported/indicated by the medical documentation. The patient has no history of active pulmonary neoplasm or obstructive lung disease. Carpal tunnel decompression is deemed a low risk procedure. Therefore, based on the submitted medical documentation, the request for preop CXR is not medically necessary.

1 Pre-operative diagnostic test (Electrocardiogram): 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 Official Disability Guidelines (ODG) Back Pain, Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of EKG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative EKG is: "Necessary for patients undergoing high or intermediate risk surgical procedures." Carpal tunnel decompression is considered a low risk surgical procedure. This patient also has no history of acute myocardial infarction or cardiac surgery. Thus, based on the submitted medical documentation, medical necessity for EKG testing has not been established. The request is not medically necessary.

1 Pre-operative Laboratory test (Prothrombin, partial Prothrombin time): 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 Official Disability Guidelines (ODG) Low Back Pain, Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of PT/PTT testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." A review of the medical documentation provided demonstrates that this patient does not have any active medical conditions requiring anticoagulation. She does not take any anticoagulants or have any known bleeding disorders. Thus, based on the submitted medical documentation, medical necessity for PT/PTT testing has not been established. The request is not medically necessary.

1 Pre-operative Laboratory test (Complete blood count): 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 Official Disability Guidelines (ODG) Lower Back Pain, Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated." A review of the medical documentation provided demonstrates that this patient is to have a carpal tunnel decompression. This is a low risk surgery which does not have the potential for excessive perioperative blood loss. Thus, based on the submitted medical documentation, medical necessity for CBC testing has not been established. The request is not medically necessary.

1 Pre-operative Laboratory test (Electrolytes): 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 Official Disability Guidelines (ODG) Back Pain, Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of electrolyte testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." A review of the medical documentation provided demonstrates that this patient does not have any active medical conditions which cause electrolyte wasting. They have also not been hospitalized and have not been actively treated for electrolyte abnormalities. Thus, based on the submitted medical documentation, medical necessity for electrolyte testing has not been established. The request is not medically necessary.

1 Pre-operative Laboratory test (Creatinine and Glucose): 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 Official Disability Guidelines (ODG) Back Pain, Preoperative Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." Per ODG, "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." A review of the medical documentation provided demonstrates that this patient does not have any active medical conditions which cause electrolyte wasting. The patient has not been demonstrated to have poor glucose control in past lab studies. They have also not been hospitalized and have not been actively treated for electrolyte abnormalities or chronic kidney disease. Thus, based on the submitted medical documentation, medical necessity for glucose and creatinine testing has not been established. The request is not medically necessary.