

Case Number:	CM15-0166559		
Date Assigned:	09/04/2015	Date of Injury:	05/19/2014
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 5-19-2014. Diagnoses include lumbar disc degeneration. Treatment to date has included medications, 12 sessions of physical therapy and a lumbar epidural steroid injection (6-25-2015). Per the Primary Treating Physician's Progress Report dated 7-30-2015, the injured worker reported moderate pain in the low back radiating predominantly down the right hamstring. He reports that the epidural injection did not provide any relief. Physical examination revealed 5 out of 5 strength bilateral lower extremities L2-S1, 2+ patellar tendon reflex, no ankle clonus and a negative straight leg raise. Per the note, he is a candidate for lumbar decompression and fusion surgery, but has gained 30-40 pounds. He will need to lose 30-40 pounds prior to surgical intervention. Authorization was requested for outpatient laboratory evaluation consisting of Chem-18, CBC with diff (complete blood count with differential), and Hba1c (hemoglobin A1c).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient laboratory examination consisting of Chem-18, CBC with differential count and hemoglobin A1c (Hba1c): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, www.nhlbi.nih.gov.

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 - Thoracic & Lumbar chapter under Preoperative lab testing.

Decision rationale: The 48 year old patient presents with disc disorder with radiculopathy, neural foraminal narrowing, lumbar radiculopathy, and lumbar spine pain, as per progress report dated 08/11/15. The request is for outpatient laboratory examination consisting of chem-18, CBC with differential count and hemoglobin A1c (Hba1c). There is no RFA for this case, and the patient's date of injury is 05/19/14. As per progress report dated 07/30/15, the patient is experiencing lower back pain, rated at 6/10, that travels along the L5 nerve root distribution. Diagnosis included lumbar disc degeneration. Medications included Codeine and Tylenol. The patient is not working, as per progress report dated 07/22/15. ODG guidelines, Low Back - Thoracic & Lumbar chapter under Preoperative lab testing states: Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. 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. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, none of the progress reports discuss the request. A request for lumbar fusion and decompression surgery is noted in progress report dated 07/30/15. It is possible that these tests have been prescribed in anticipation of this surgery. However, there is no indication that the surgical intervention has been authorized. A QME report, dated 08/13/15 (after the UR denial date), states that the patient should lose 40 lbs before considering any surgical intervention. Given the lack of relevant documentation regarding the authorization of surgery, the request is not medically necessary.