

Case Number:	CM15-0023039		
Date Assigned:	02/12/2015	Date of Injury:	05/20/2010
Decision Date:	04/07/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 40-year-old male who reported injury on 05/20/2010. The mechanism of injury was due to lifting. His diagnoses include left L4-5 disc herniation, left leg radiculopathy, and degenerative disc disease at the L4-5 and L5-S1. His past treatments include injections, surgery, medications, and physical therapy. On 12/16/2014, the injured worker complained of increased pain radiating down his left leg. The physical examination demonstrated weakness in left extensor hallucis longus and anterior tibial at 4/5. The injured worker was also indicated to have a positive left straight leg raise and diminished sensation along the dorsum of his left foot. An MRI performed on 12/04/2014 indicated a left L4-5 disc protrusion resulting in significant lateral recess stenosis and disc degeneration at the L5-S1. The treatment plan included urine drug screen with reflex, sed rate, antibody screen, and medical clearance with [REDACTED]. The rationale was not provided. A Request for Authorization form was submitted on 01/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen with Reflex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back *updated 11/21/14), Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a urine drug screen with reflex is not medically necessary. According to the California MTUS Guidelines, drug testing is indicated to assess for the use or presence of illegal drugs. The clinical documentation failed to provide relevant medications upon examination. In addition, there was a lack of documentation to indicate the injured worker was using or had the presence of illegal drugs. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Sed Rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back *updated 11/21/14), Preoperative testing, general.

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, Preoperative lab testing.

Decision rationale: The request for sed rate is not medically necessary. According to the Official Disability Guidelines, preoperative lab testing is recommended for the following: a urinalysis is recommended for patients undergoing an invasive urologic procedure or implantation of foreign material, electrolyte and creatinine testing are indicated for patients with underlying chronic disease or those taking medication that predispose them to electrolyte abnormalities or renal failure, random glucose testing should be for patients at high risk for undiagnosed diabetes mellitus, the complete blood count is indicated for patients with disease that increase the risk of anemia or patients for whom significant perioperative blood loss is anticipated, and coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding or are taking anticoagulants. Furthermore, the guidelines state that preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There was lack of documentation upon physical examination in regard to any underlying chronic diseases, electrolyte abnormalities, renal failure, undiagnosed diabetes mellitus, diabetes, anemia, anticipated blood loss, predisposed bleeding, or taking anticoagulants. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Antibody Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back *updated 11/21/14), Preoperative testing, general.

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, Preoperative lab testing.

Decision rationale: The request for antibody screen is not medically necessary. According to the Official Disability Guidelines, preoperative lab testing is recommended for the following: a urinalysis is recommended for patients undergoing an invasive urologic procedure or implantation of foreign material, electrolyte and creatinine testing are indicated for patients with underlying chronic disease or those taking medication that predispose them to electrolyte abnormalities or renal failure, random glucose testing should be for patients at high risk for undiagnosed diabetes mellitus, the complete blood count is indicated for patients with disease that increase the risk of anemia or patients for whom significant perioperative blood loss is anticipated, and coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding or are taking anticoagulants. Furthermore, the guidelines state that preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There was a lack of documentation upon physical examination in regard to any underlying chronic diseases, electrolyte abnormalities, renal failure, undiagnosed diabetes mellitus, diabetes, anemia, anticipated blood loss, predisposed bleeding, or taking anticoagulants. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Medical Clearance with [REDACTED].: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment guidelines (2009), part 1: Introduction", page 1.

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, Preoperative testing, general.

Decision rationale: The request for medical clearance with [REDACTED] is not medically necessary. According to the Official Disability Guidelines, in general preoperative testing to include chest radiography, electrography, lab testing, and urinalysis is used to help identify and stratify risk, drive anesthetic choices, and guide postoperative management. The testing should also be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker was indicated to have chronic low back pain. However, there was lack of documentation to indicate the medical necessity for a medical clearance with a specific treating provider. Furthermore, there was lack of documentation to indicate any clinical examination findings or comorbidities in the injured worker's clinical history to indicate a complete preoperative medical clearance. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.