

Case Number:	CM15-0027461		
Date Assigned:	02/19/2015	Date of Injury:	05/17/2011
Decision Date:	04/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, New York, 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 applicant is a represented 43-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 17, 2011. In a Utilization Review Report dated January 30, 2015, the claims administrator approved an epidural steroid injection while denying a variety of preoperative labs, including a CBC, PT, PTT, Chem-7, and urinalysis. The claims administrator referenced a January 29, 2015 RFA form and December 18, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 29, 2014, an epidural steroid injection and ultrasound-guided shoulder injection were endorsed. The applicant was placed off of work, on total temporary disability, for four weeks. Laboratory testing, including a CBC, PT, PTT, INR, and Chem-7 panel were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Labs: CBC, PTT, PT/INR, CHEM7, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) last updated 8/22/14, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://emedicine.medscape.com/article/285191-overview#showallPreoperative Testing](http://emedicine.medscape.com/article/285191-overview#showallPreoperative%20Testing) Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD. Therefore, urine analysis should not be routinely done for asymptomatic patients. Similarly, the bleeding time has no predictive value on the incidence of perioperative bleeding in healthy elective surgery patients. Rather, pursuit of abnormal coagulation tests may increase preoperative costs. [23] Accordingly, PT, a PTT, and bleeding time are not recommended for routine preoperative testing (preoperative screening). Similarly, thrombocytopenia is found in fewer than 1% of healthy elective surgery patients; thus, a routine preoperative white blood cell (WBC) or platelet count is not recommended unless the cost of a CBC count is not substantially higher than that of a hemoglobin level.

Decision rationale: No, the proposed preoperative labs to include a CBC, PT-INR, PTT, Chem-7, and UA were not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of preoperative laboratory testing. However, Medscape notes that urinalysis should not be routinely done for asymptomatic applicants. Here, there was no mention of the applicants having issues with dysuria, hematuria, polyuria, etc., which would compel the UA portion of the request. Medscape further notes that PTT, APTT, and bleeding time are not recommended for routine preoperative testing, especially in healthy elective surgery applicants. Here, once again, there was no mention of the applicants having any issues with blood dyscrasias which would compel the PT and/or PTT components of the request. Medscape further notes that a routine white count and/or platelet count are not recommended in healthy elective surgery applicants. As with the preceding request, there was no mention of the applicants having any issues with anemia or other hematologic abnormalities, which would have compelled that CBC component of the request. Since multiple components of the request are not indicated, per Medscape, the request was not medically necessary.