

Case Number:	CM15-0222894		
Date Assigned:	11/19/2015	Date of Injury:	01/07/2000
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Montana, California
 Certification(s)/Specialty: Neurological Surgery

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 67 year old male, who sustained an industrial injury on 1-7-00. The injured worker was diagnosed as having status post lumbar spine surgery, status post spinal cord stimulator implantation and status post iliotibial band lengthening for snapping hip syndrome. Subjective findings (8-24-15, 9-23-15) indicated right hip, shoulder and back pain. Objective findings (8-24-15, 9-23-15) revealed weight was 202lbs, blood pressure was 137 over 69 and pulse was 80bpm. There is diffuse tenderness noted in the right hip and limited motion in the left lower extremity. As of the PR2 dated 10-22-15, the injured worker reports low back pain that radiates to the lateral aspect of the legs. Objective findings include weight was 204lbs, blood pressure was 143 over 80 and pulse was 64bpm. There is no documentation of chronic illness or co-morbidities or complications from previous surgeries. The treating physician recommended removing the spinal cord stimulator. Treatment to date has included Norco. The Utilization Review dated 11-6-15, non-certified the request for pre-op CBC, pre-op CMP, pre-op PT, pre-op PTT and pre-op UA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative lab: CBC (complete blood count) with diff: 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), Low Back-Lumbar and Thoracic (Acute and Chronic), Preoperative lab testing.

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 chapter - Preoperative lab testing.

Decision rationale: The ODG guidelines recommend a complete blood count for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Documentation does not disclose such diseases. Documentation does not indicate significant blood loss is expected when the spinal cord stimulator is removed. The requested treatment: Pre-operative lab: CBC (complete blood count) with diff is not medically necessary and appropriate.

Pre-operative lab: CMP (comprehensive metabolic panel): 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), Low Back-Lumbar and Thoracic (Acute and Chronic), Preoperative lab testing.

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 chapter- Preoperative lab testing.

Decision rationale: The ODG guidelines recommend 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. Documentation does not elicit evidence of underlying chronic metabolic disease. The requested treatment: Pre-operative lab: CMP (comprehensive metabolic panel) is not medically necessary and appropriate.

Pre-operative lab: PT (Prothrombin time): 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), Low Back-Lumbar and Thoracic (Acute and Chronic), Preoperative lab testing.

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 chapter- Preoperative lab testing.

Decision rationale: The ODG guidelines note that coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Documentation does not show a history of bleeding. Documentation does not show a history of medical conditions leading to bleeding or that the patient is on anti-coagulants. The requested treatment: Pre-operative lab: PT (Prothrombin time) is not medically necessary and appropriate.

Pre-operative lab: PTT (Partial thromboplastin time): 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), Low Back-Lumbar and Thoracic (Acute and Chronic), Preoperative lab testing.

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 chapter- Preoperative lab testing.

Decision rationale: The ODG guidelines note that coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. Documentation does not show a history of bleeding. Documentation does not show a history of medical conditions leading to bleeding or that the patient is on anti-coagulants. The requested treatment: Pre-operative lab: PTT (Partial thromboplastin time) is not medically necessary and appropriate.

Pre-operative lab: UA (Urinalysis): 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), Low Back-Lumbar and Thoracic (Acute and Chronic), Preoperative lab testing.

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 chapter- Preoperative lab testing.

Decision rationale: The ODG guidelines recommend a preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The patient is not undergoing an invasive urological procedure. Foreign material is not being implanted. The requested treatment: Pre-operative lab: UA (Urinalysis) is not medically necessary and appropriate.

Associated surgical service: Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p.

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 chapter- Preoperative testing, general.

Decision rationale: The ODG guidelines note chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Documentation does not provide data to suggest the patient is at risk for pulmonary complication. Documentation does not indicate changes in perioperative management. The requested treatment: Associated surgical service: Chest X-ray is not medically necessary and appropriate.

