

Case Number:	CM15-0033212		
Date Assigned:	02/26/2015	Date of Injury:	01/07/2011
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/23/2015

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, Pain Management

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 54-year-old female who sustained an industrial related injury on 1/7/11. The injured worker had complaints of back pain that radiated to bilateral lower extremities left greater than right. Left lower extremity weakness and increasing numbness was also noted. The diagnosis was large left L5-S1 central and paracentral disk herniation with concordant severe radiating left leg pain and weakness. Treatment included epidural injections. Medications included Tramadol, Norco, and Valium. A left L5-S1 microdiscectomy was planned. The treating physician requested authorization for pre-operative labs: CBC, PTT, PT/INR, EKG, and nares culture for MRSA. On 2/17/15, the requests were non-certified. The utilization review physician noted the guidelines did not address this particular request. The UR physician noted routine studies are no longer considered medically necessary, as there is no evidence of a significant medical issue that would affect the requested surgery. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Labs CBC, PTTM PT/ING, EKG, nares for MRSA: 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, preoperative testing, and 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 Chapter, Preoperative testing, general, Preoperative EKG, Preoperative labs.

Decision rationale: Regarding request for pre op clearance, California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Within the medical information made available for review, there is no indication that the patient's clinical history, comorbidities, and physical examination findings suggest a preoperative evaluation is necessary. The ODG further state this regarding labs: "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." The patient does have a history of stomach ulcers documented, and therefore the CBC is recommended. However, the IMR process is considering all these preoperative evaluations as a whole, and cannot modify requests individually. In light of this, the currently requested pre op clearance is not medically necessary.