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| Case Number: | CM15-0043907 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 01/01/2001 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male patient, who sustained an industrial injury on 1/01/2001. He was diagnosed as having pseudo arthrosis at T10 with loosened hardware at T10 and solid fusion from T11-S1. Per the utilization review, patient had last progress note on 2/2/15. This visit note is not specified in the records provided. Per the most recent submitted Primary Treating Physician's Progress Report dated 6/4/2014, he had less left foot pain. Physical examination revealed left foot- moderate swelling and intact sutures. Per the note dated 5/21/2014, he reported pain in the upper mid back. Physical examination revealed tenderness at T10, no palpable hardware, although he is a big man and this is difficult to actually perceive any kind of palpable subcutaneous hardware. He is walking with a cast on his left foot. He is using crutches which aggravate the back. The medications list includes Norco, Soma, Oxycontin, Methylprednisolone and Lyrica. He has undergone left foot surgery. He underwent a T10-S1 thoracolumbar fusion. He has had diagnostics studies including thoracic and lumbar spine computed tomography (CT) scan on 5/12/14 which revealed spinal fusion and multilevel degenerative spondylosis, bone density scan dated 7/17/13 with normal findings, radiographic imaging. He has had last lab tests including CBC, CMP and urinalysis on 5/2/2014. Per the records provided revision fusion surgery was requested but not approved. Authorization was requested for Pre-Op Clearance, History & Physical, Chest X-Ray and Laboratory Evaluation including CBC with differential, CMP, PT, PTT and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Op Clearance H&P/CXR/Labs: Complete Blood Count (CBC)/Diff, Comprehensive metabolic panel (CMP), prothrombin time (PT), Partial thromboplastin time (PTT), Urinalysis (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 (20th annual edition) & ODG Treatment in Workers' Comp (13th annual edition), 2015, Low Back Chapter-Preop Lab Testing, 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) Chapter: Low Back (updated 03/24/15) Preoperative lab testing.

Decision rationale: Request: Pre-Op Clearance H&P/CXR/Labs: Complete Blood Count (CBC)/Diff, Comprehensive metabolic panel (CMP) Per the cited guidelines preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. (Feely, 2013) (Sousa, 2013) 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. The details of the presence of any comorbidities or underlying chronic diseases are not specified in the records provided. A recent detailed clinical evaluation note is not specified in the records provided. As the surgery (revision fusion) it has not been approved at the present time, the medical necessity of Pre-Op Clearance H&P/CXR/Labs: Complete Blood Count (CBC)/Diff, Comprehensive metabolic panel (CMP) is also not fully established. The medical necessity of Pre-Op Clearance H&P/CXR/Labs: Complete Blood Count (CBC)/Diff, Comprehensive metabolic panel (CMP) is not fully established for this patient; therefore this request is not medically necessary.