

Case Number:	CM15-0046491		
Date Assigned:	03/18/2015	Date of Injury:	01/07/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, 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 54 year old woman sustained an industrial injury on 1/7/2011. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays taken at this visit showing mild degenerative changes without fractures or instability. Diagnoses include lumbago with bilateral lower extremity radiculopathy and weakness. Treatment has included oral medications and epidural steroid injection. Physician notes dated 1/26/2015 show complaints of low back pain with left lower extremity radiculopathy that is increasing. Recommendations include lumbar spine MRI, Terocin topical ointment, Soma, and follow up after the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op labs, CBC, PIT/INR, EKG and rares culture 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, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines pg 76 Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations- MOLLY A. FEELY, MD; C. SCOTT

COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota - Am Fam Physician. 2013 Mar 15; 87(6):414-418.

Decision rationale: The MTUS and ACOEM guidelines do not comment on pre-operative labs. According to the ODG 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. 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. According to the American Academy of Family Physicians, pre-op labs are recommended for high-risk surgeries in high-risk patients. The claimant underwent prior surgeries without abnormal labs or outcomes. Epidurals are commonly done without labs and are considered low-risk procedures. The request for pre-operative labs is not medically necessary. In this case, the claimant is not undergoing high-risk surgery. She is undergoing a microdiscectomy which is usually performed on an outpatient basis (ambulatory). There is no indication of comorbidities that would require all the diagnostics above and therefore the request above is not medically necessary.