

Case Number:	CM15-0056384		
Date Assigned:	04/01/2015	Date of Injury:	01/15/2014
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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

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 injury on 1/15/14. She reported back, neck, and bilateral shoulder pain after a motor vehicle accident. The injured worker was diagnosed as having displaced lumbar intervertebral disc, displaced cervical intervertebral dis, brachial neuritis/radiculitis, and sciatica. Treatment to date has included prior epidural steroid injection, medications. On 2/17/15, she complained of lumbar spine, cervical spine pain which was constant. She rated her neck pain as 6/10 on a pain scale, with radiation to the right shoulder region. She rated her low back pain as 4/10, with radiation to the buttock and down the right leg. She is noted to use a cane for ambulation. The treatment plan included: epidural steroid injection as recommended, and follow up in 4 weeks. The request is for laboratory tests including complete blood count and urinalysis as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory tests including complete blood count (CBC) and urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic Chapter, Preoperative lab testing.

Decision rationale: The patient presents on 02/17/15 with cervical spine pain rated 6/10, which radiates into the right shoulder and scapula, and lumbar spine pain rated 4/10 which radiates into the right buttock and leg. The patient's date of injury is 01/15/14. Patient is status post right sided lumbar ESI at L5-S1 on 11/19/14. The request is for laboratory tests including complete blood count CBC and urinalysis. The RFA was not provided. Physical examination dated 02/17/15 reveals normal bulk and tone, intact sensation, and normal strength of the bilateral upper and lower extremities. No findings indicative of pathology are recorded. The patient is currently prescribed Norco and Prilosec. Diagnostic imaging included lumbar MRI dated 09/03/14, significant findings include: "Straightening of the lumbar lordosis, minimal spondylosis L2-L3, L3-L4, L4-L5, and L5-S1 with minimal T2 signal loss in the discs - indicating dehydration." Per 02/17/15 progress note, patient is advised to return to modified work ASAP. MTUS Chronic Pain Medical Treatment Guidelines, Page 43 has the following under Drug Testing: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & Addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." MTUS guidelines do not specifically address such lab tests, though the ODG guidelines Low Back - Lumbar & Thoracic Chapter has the following: "Recommended as indicated below. 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. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. 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." In regard to the requested laboratory studies, presumably to identify potential risk factors, the treater has not provided a reason for the request. It appears that the lab studies are being requested prior to an anticipated lumbar ESI. Such studies are useful to mitigate risk in patients with comorbidities, such as diabetes, electrolyte imbalance, or anemia, however, this patient is an otherwise healthy 54 year old woman with lower back pain. The anticipated procedure, a lumbar ESI, is not a urological or foreign material implant surgery for which urinalysis is indicated. Progress note dated 02/17/15 does not provide significant

physical findings, state that this patient suffers from any other conditions, or document that she is currently taking anti-coagulants or other medications which would necessitate blood labs. Therefore, the request IS NOT medically necessary.