

Case Number:	CM15-0056874		
Date Assigned:	04/01/2015	Date of Injury:	01/06/2011
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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, Texas
 Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 1/6/11. He reported initial complaints of low back pain that radiated to the right lower leg. The injured worker was diagnosed as having transitional stenosis; chronic low back pain; degenerative lumbar spondylosis; myofascial pain syndrome; pain disorders with psychological/general medical condition. Treatment to date has included CT lumbar spine (6/21/11); status post lumbar surgery (6/21/11); status post lumbar fusion (4/14/2012); behavioral medicine; medications. Currently, the PR-2 dated 3/9/15, the injured worker complains of significant worsening low back pain with a new onset of radiating pain into the left buttock and proximal left thigh. This provider is requesting a CT myelogram to evaluate the past fusion and for additional treatment recommendations. He has also requested Labs: PT, PTT, INR, platelet count for annual testing due to the injured worker is using chronic analgesic pain relieving medications per PR-2 notes dated 3/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: PT, PTT, INR, platelet ct: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison, Washington manual and medical therapeutics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com. Drug information. Pre-operative assessment of the patient.

Decision rationale: The MTUS is silent regarding the use of the laboratory studies PT/INR, PTT and platelet count. According to UptoDate.com, routine preoperative laboratory tests have not been shown to improve patient outcomes among healthy patients undergoing surgery. In addition, routine testing in healthy patient has poor predictive value, leading to false-positive test results and/or increased medico-legal risk for not following up on abnormal test results. We suggest baseline hemoglobin measurement for all patients 65 years of age or older who are undergoing major surgery and for younger patients undergoing surgery that is expected to result in significant blood loss (Grade 2C). For other healthy patients, we suggest NOT performing routine hemoglobin, white blood count, or platelet measurements (Grade 2B). (See 'Complete blood count' above.) In the revised cardiac risk index, a serum creatinine >2.0 mg/dL (177 micromol/L) predicted postoperative cardiac complications. We suggest NOT obtaining a serum creatinine concentration, except in the following patients: Patients over the age of 50 undergoing intermediate or high risk surgery. Younger patients suspected of having renal disease, when hypotension is likely during surgery, or when nephrotoxic medications will be used. We suggest NOT testing for serum electrolytes, blood glucose, liver function, hemostasis, or urinalysis in the healthy preoperative patients. We suggest pregnancy testing in all reproductive age women prior to surgery, rather than use of history taking alone to determine pregnancy. In this case, the IW is complaining of increased low back pain for several months. The physical exam is abnormal and the provider is ordering a CT myelogram of the lumbar spine. The documentation does not support the reason these labs are being ordered. The patient is on Norco, Soma, Omeprazole and docusate with regards to his chronic pain. These medications do not require monitoring with the requested lab work. Labs to assess hemostasis are not recommended before surgery or procedures such as CT myelogram. Therefore, the request is not medically necessary.