

Case Number:	CM14-0216290		
Date Assigned:	01/06/2015	Date of Injury:	01/07/2000
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/24/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 patient is a 49-year-old female who was injured on January 7, 2008. The patient continued to experience pain in her low back and buttock. Physical examination was notable for antalgic gait, bilateral lumbar paraspinal tightness, positive straight leg raise bilaterally, mild weakness in the bilateral plantar flexors and decreased sensation to light touch behind both knees radiating to the feet. Diagnoses included chronic intractable pain syndrome, sciatica, postlaminectomy syndrome, and chronic low back syndrome. Treatment included medications, epidural steroids, physical therapy, and surgery. Requests for authorization for C-reactive-protein, prothrombin time, EKG, Chest x-ray, erythrocyte sedimentation rate, and comprehensive metabolic panel were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-reactive-protein, qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation UpToDate: Acute phase reactants

Decision rationale: Serum acute phase reactants (APR) level measurements are useful because they frequently reflect the presence and intensity of an inflammatory process. However, APR measurements in clinical use are not specific to any particular disease. The most widely used indicators of the acute phase response are the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). Although CRP is a sensitive reflector of inflammation, it is not specific for inflammation. CRP levels vary with age, sex, and race. In this case the patient has not had a change in her condition that would indicate that a new inflammatory process is present. The assessment of APR may be most helpful in patients with rheumatoid arthritis (RA), polymyalgia rheumatica (PMR), and giant cell arteritis (GCA). Documentation does not support that rheumatoid arthritis (RA), polymyalgia rheumatica (PMR), or giant cell arteritis (GCA) are suspected. There is no medical necessity for CRP. The request should not be authorized.

Prothrombin time, qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation UpToDate: Clinical use of coagulation tests

Decision rationale: The prothrombin time (PT) is used to assess the extrinsic pathway of clotting, which consists of tissue factor and factor VII, and coagulation factors in the common pathway (factors II [prothrombin], V, X, and fibrinogen). The PT may be used to monitor therapy with warfarin and other vitamin K antagonists. Testing PT is indicated when clotting disorders are suspected or for the monitoring of patients being treated with vitamin K antagonists such as warfarin. In this case there is no documentation of symptoms of bleeding disorder. The patient is not being treated with anticoagulants and has no complaints of easy bruising, epistaxis, or hematuria. Documentation does not support the medical necessity of prothrombin time. The request should not be authorized.

One EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient

Decision rationale: The prevalence of abnormal ECGs increases with age [73]. Important ECG abnormalities in patients younger than 45 years with no known cardiac disease are very infrequent. The 2014 ACC/AHA guidelines recommend a preoperative resting 12-lead ECG for patients with known coronary artery disease, significant arrhythmia, peripheral arterial disease,

cerebrovascular disease or other significant structural heart disease, except for those undergoing low-risk surgery (risk of major adverse cardiac event <1 percent). In this case the patient has no history or symptoms of coronary artery disease, congestive heart failure, or cardiac dysrhythmia. Documentation in the medical record does not support the necessity for the EKG. The request should not be authorized.

One Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient

Decision rationale: Several systematic reviews and independent advisory organizations in the US and Europe recommend against routine chest radiography in healthy patients. There is little evidence to support the use of a preoperative chest radiograph regardless of age unless there is known or suspected cardiopulmonary disease from the history or physical examination. Chest x-ray is indicated if a patient is experiencing chest pain, shortness of breath, or productive or persistent cough. In this case the patient is not experiencing any of these symptoms. Documentation in the medical record does not support the necessity for the chest x-ray. The request should not be authorized.

Sedimentation rate, erythrocyte; non-automated, qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Acute phase reactants

Decision rationale: Serum acute phase reactants (APR) level measurements are useful because they frequently reflect the presence and intensity of an inflammatory process. However, APR measurements in clinical use are not specific to any particular disease. The most widely used indicators of the acute phase response are the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). Although CRP is a sensitive reflector of inflammation, it is not specific for inflammation. CRP levels vary with age, sex, and race. In this case the patient has not had a change in her condition that would indicate that a new inflammatory process is present. The assessment of APR may be most helpful in patients with rheumatoid arthritis (RA), polymyalgia rheumatica (PMR), and giant cell arteritis (GCA). Documentation does not support that rheumatoid arthritis (RA), polymyalgia rheumatica (PMR), or giant cell arteritis (GCA) are suspected. There is no medical necessity for ESR. The request should not be authorized.

One comprehensive metabolic panel, qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient

Decision rationale: Comprehensive metabolic panel is a group of laboratory tests that measure electrolytes, renal function, blood glucose, and liver function tests. The frequency of unexpected electrolyte abnormalities is low (0.6 percent in one report). Mild to moderate renal impairment is usually asymptomatic; the prevalence of an elevated creatinine among asymptomatic patients with no history of renal disease is only 0.2 percent. The rate of asymptomatic hyperglycemia in unselected surgical patients is low; in one report, the incidence was only 1.2 percent. The patient has no symptoms of polyuria or polydipsia, Unexpected liver enzyme abnormalities are uncommon, occurring in only 0.3 percent of patients in one series. The patient has no history of alcohol abuse or other conditions that would raise concern for abnormalities of liver function. The patient is medically healthy. Documentation in the medical record does not support the necessity for the comprehensive medical panel. The request should not be authorized.