

Case Number:	CM15-0010217		
Date Assigned:	03/09/2015	Date of Injury:	07/21/2012
Decision Date:	05/14/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Orthopedic Surgery, Sports 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 51-year-old female who reported an injury on 07/21/2012, which occurred when the injured worker slipped on a wet floor onto the buttocks. The clinical record indicates that the injured worker's past treatment includes over 30 physical therapy sessions to date, acupuncture, bracing, anti-inflammatory medications, narcotics, and epidural steroid ejections. There is no indication of past surgical history. Diagnostic studies include an MRI of the lumbar spine dated 10/29/2013, which revealed disc bulge at L5 to S1 with the superimposed right paracentral annular tear and disc protrusion as well as a prominent left lateral component and mild facet arthropathy. The disc protrusion narrowed the right subarticular zone and appears to contact the transversing right S1 nerve root. The disc bulge and facet arthropathy causes mild right and moderate left neural foraminal narrowing with the disc material appearing to contact the exiting L5 nerve root extra foraminally. Current medications include ibuprofen, Lyrica, and Norco. The clinical note dating 01/15/2015 indicates the injured worker was seen for a follow-up evaluation for her lower back and left lower extremity pain. She has been authorized for a left L5/S1 microdiscectomy and laminoforaminotomy. Complaints include persistent pain associated with numbness and tingling in the left L5 dermatome. Physical examination noted normal deep tendon reflexes except for 1+ in the Achilles on the left side. Sensation was diminished to light touch in the dermatomal distribution of S1 on the left side. Range of motion of the lumbar spine was within normal limits except for flexion, which is limited to 45 degrees without pain and extension, which is limited to 10 degrees with pain. There was no tenderness to palpation noted. Motor strength was within normal excepts for left ankle plantar flexors which were graded 4/5.

The current request is for lab tests to be performed preoperatively for the L5/S1 microdiscectomy and laminoforaminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Tests (Complete Blood count, Comprehensive Metabolic Panel, Partial thromboplastin time, Partial thromboplastin/International normalized ratio, Electrocardiogram, nares culture for Methicillin Resistant Staphylococcus aureus): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation-Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines state that preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The injured worker was approved for surgery; however, there is no indication of liver disease to support specialized testing. There is no indication of any other pathology that would warrant the need for the laboratory testing. Given the above, this request is not medically necessary.