

Case Number:	CM15-0019362		
Date Assigned:	02/09/2015	Date of Injury:	02/24/2012
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female who sustained an industrial injury on February 24, 2012. She has reported pain in the lumbar spine and has been diagnosed with lumbar spine sprain/strain with herniated lumbar disc at L3-L4, L4-5, and L5-S1 with symptoms of lower extremity radiculitis/radiculopathy, cervical spine sprain/strain rule out herniated cervical disc with radiculopathy, right and left shoulder degenerative joint disease, and right and left knee sprain/strain. Treatment has included a home exercise program, medications, and injection. Currently the injured worker complains of increase in pain in the lumbar spine due to cold temperature and abdominal pain. The treatment plan included pre operative labs and medications. On January 9, 2015 Utilization review non certified pre-operative labs CBC, PTT, PT, INR, and chem 7 citing the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Labs- CBC, PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: According to <http://www.labtestonline.org/>, CBC and PTT are recommended in case of coagulation issues. There is no documentation that the patient is suffering from a coagulopathy. Furthermore, the lab testing was requested for preop labs. There is no documentation that the surgery was approved. Therefore, the request for Preoperative Labs- CBC, PTT is not medically necessary.

Preoperative Labs - PT/INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: According to <http://www.labtestonline.org/>, PT and INR are recommended in case of coagulation issues. There is no documentation that the patient is suffering from a coagulopathy. Furthermore, the lab testing was requested for preop labs. There is no documentation that the surgery was approved. Therefore, the request for Preoperative Labs- PT/INR is not medically necessary.

Preoperative Labs - Chem 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>

Decision rationale: According to <http://www.labtestonline.org/> Chem 7 is recommended in case of electrolytes issues. There is no documentation that the patient is suffering from a electrolytes imbalance. Furthermore, the lab testing was requested for preop labs. There is no documentation that the surgery was approved. Therefore, the request for Preoperative Labs- Chem 7 is not medically necessary.