

Case Number:	CM15-0124134		
Date Assigned:	07/08/2015	Date of Injury:	02/07/2003
Decision Date:	08/06/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/27/2015

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, Indiana, New York
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 55 year old male, who sustained an industrial injury on 2/7/2003. He reported back pain radiating into his left lower extremity. Diagnoses have included lumbar degenerative joint disease, intestinal adhesions, obesity and depression. Treatment to date has included surgery, physical therapy and trigger point injections and medication. According to the consultation dated 6/4/2015, the injured worker complained of abdominal pain in the left lower quadrant. He had a tugging sensation in the area when he moved. He also complained of a sensation of heat. He reported that the symptoms were the same as those he had in 2006 and 2011. In the past he underwent laparoscopic enterolysis with relief. The treatment plan was for laparoscopic lysis of intestinal adhesions. Authorization was requested for a complete blood count (CBC), comprehensive metabolic panel (CMP) and Ancef intravenously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count and complete metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative evaluation. Bloomington (MN).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2013/0315/p414.html>.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, CBC and complete metabolic panel are not medically necessary. The decision to order preoperative tests should be guided by the patient's clinical history, co-morbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. 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. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. In this case, the injured worker's working diagnoses are depression, intestinal disorder diverticulosis, obesity and adhesions. Date of injury is February 7 2003. The request for authorization is June 8, 2015. According to progress note dated June 4, 2015, the injured worker was approved for lysis of adhesions. The injured worker is 55 years old with no major risk factors based on past medical history. The injured worker does not have a history of MRSA or any other significant medical problems. Laboratory testing is not clinically indicated. 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. Consequently, absent clinical documentation with underlying chronic disease with medications predisposing to electrolyte abnormalities or renal failure, CBC and complete metabolic panel are not medically necessary.

Ancef 1m IV: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682731.html>.

Decision rationale: Pursuant to Medline plus, Ancef 1 g IV is not medically necessary. Cefazolin eliminates bacteria that cause many kinds of infections, including lung, skin, bone, joint, stomach, blood, heart valve, and urinary tract infections. In this case, the injured worker's working diagnoses are depression, intestinal disorder diverticulosis, obesity and adhesions. Date of injury is February 7 2003. The request for authorization is June 8, 2015. According to progress note dated June 4, 2015, the injured worker was approved for lysis of adhesions. The injured worker is 55 years old with no major risk factors based on past medical history. The injured worker does not have a history of MRSA or any other significant medical problems. Laboratory testing is not clinically indicated. 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. The treatment plan does not contain a clinical indication or rationale for Ancef 1 g IV given preoperatively on call for the operating room. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ancef 1 g IV is not medically necessary.