

<b>Case Number:</b>	CM15-0097972		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 49 year old, female who sustained a work related injury on 8/20/14. She has cumulative injuries from repetitive movements in her job as a poker dealer. The diagnoses have included spondylosis with disc herniation with spinal stenosis and radiculopathy. Treatments have included previous right shoulder surgery, left shoulder surgery (11/25/14), trigger point injections and medications. In the office visit note dated 3/6/15, the injured worker complains of pain in her neck, lower neck and right shoulder. She has radiating pain in right forearm and hand associated with some numbness. She complains of increasing weakness in her hands and she drops things. She has tenderness to mid and lower cervical especially in the right superior scapular border. She has some restricted cervical range of motion. She reports an electrical sensation extending to the right arm and radial forearm and hand with extension of neck. The treatment plan includes a recommendation for cervical spine surgery. The medication list include Ibuprofen, Cymbalta and Prilosec. The patient has had MRI of the cervical spine on 1/27/15 that revealed disc bulge with foraminal narrowing. Patient has received an unspecified number of PT visits for this injury. The patient was scheduled for cervical spine surgery on 5/8/15. Any operative note was not specified in the records provided. Whether patient was certified for surgery or no was not specified in the records provided. The patient's surgical history include right and left shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BMP, CBC, Platelet count, Protime, PTT, Type and screen:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Routine Suggested Monitoring: page 70 Other Medical Treatment Guideline or Medical Evidence. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/15/15) Preoperative lab testing.

**Decision rationale:** Request: BMP, CBC, Platelet count, Protime, PTT, Type and screen ACOEM and ODG guideline do not specifically address this issue. Hence other references were used. As per cited guidelines for Preoperative lab testing, "Criteria for Preoperative lab testing: 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." The patient was scheduled for cervical spine surgery on 5/8/15. Any operative note was not specified in the records provided. Whether patient was certified for surgery or no was not specified in the records provided. The request for BMP, CBC, Platelet count, Protime, PTT, Type and screen is deemed medically necessary preoperatively if the patient was authorized for cervical spine surgery. However whether patient was certified for surgery or not was not specified in the records provided therefore the pre op lab reports are not deemed medically appropriate and necessary at this time. The medical necessity of the request for BMP, CBC, Platelet count, Protime, PTT, Type and screen is not fully established at this time, given then. Therefore, the requested treatment is not medically necessary.