

<b>Case Number:</b>	CM13-0028865		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/30/1992
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old male sustained an injury on 6/30/1992. Because of the trauma, he underwent a cervical fusion with instrumentation. He developed a Brown's acquired syndrome. He also was diagnosed with right shoulder tendinitis, fracture of the left distal radius, and lumbar disc herniation. According to his physician, the patient has limitation of spinal motion associated with a positive straight leg raise of 70 bilaterally. There is associated weakness in the dorsiflexors and plantar flexors of both big toes and decreased sensation over the L5-S1 dermatomes. Electrodiagnostic studies of the lower extremities reveal chronic bilateral L5-S1 radiculopathy. MRI of the lumbar spine done on 2/13/2013 was interpreted as multilevel degenerative disc disease with multiple disc protrusions. There were normal facets and there was no indication of facet or canal stenosis. A request is being made for an epidural injection plus lab studies prior to the injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PREOPERATIVE LABORATORY TESTS (COMPLETE BLOOD COUNT, SEQUENTIAL MULTIPLE ANALYSIS-7 9SMA-7), PARTIAL THROMBOPLASTIN TIME (PTT), PROTHROMBIN TIME (PT) AND INTERNATIONAL NORMALIZED RATIO): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back complaints (for example Knee), preoperative lab testing).

**Decision rationale:** The ACOEM guidelines do not specifically address preoperative testing. The ODG recommendations are that the decision to order preoperative test should be guided by the patient's clinical history, comorbidities, and physical findings. Urinalysis is appropriate if the patient is undergoing invasive urologic procedures. Electrolyte and creatinine testing is performed of his underlining chronic disease or taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing is performed in patients with a high risk for undiagnosed diabetes complete blood count is indicated for patients with diseases that increased the risk of anemia. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose him to bleeding therefore, the medical necessity for preoperative blood testing is not medically necessary.

#### **1 LUMBAR EPIDURAL STEROID INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): , page(s) 46.

**Decision rationale:** This request is for a second epidural injection. Chronic pain guidelines suggest that a second injection may be necessary if there is partial success produced with the first injection and a third injection is really recommended. This patient had an epidural injection previously with what the provider called good success but there is no documentation of what the success was. The guidelines suggest an improvement of 50% pain relief with associated reduction of medication use for 6-8 weeks. The radiculopathy which the patient allegedly has is not confirmed by the MRI scan of 2/12/2013. The impression is multilevel posterior disc protrusions with degenerative disc disease. There is no apparent foraminal or central canal stenosis and there is no mention of nerve root compression. Electrodiagnostic studies report chronic changes at L5 and S1 without acute findings. There is no documentation that the patient is on first line medication therapy nor there any indication that he is on a home-based functional restoration program of active therapy therefore, based on the above, the epidural steroid injection is not medically necessary.