MAXIMUS Federal Services

Case Number:	CM13-0030687		
Date Assigned:	11/27/2013	Date of Injury:	06/27/2011
Decision Date:	01/22/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 physician 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:

The patient is a 63-year-old female who reported injury on 06/27/2011 with an unprovided mechanism of injury. Physical examination revealed the patient had a left straight leg raise that was positive. The patient was noted to have some decrease in the sensory motor deficit at the L5-S1 on the left side. The diagnoses were noted to include lumbar S1 impingement on the left side, lumbar disc herniation, lumbar sciatica, and lumbar myelopathy. The request was made for lumbar epidural steroid injection at L5-S1, transportation to and from the lumbar epidural steroid injection procedure, decision for consultation for preoperative clearance, lab work for medical clearance; complete blood count, lab work for medical clearance chemistry 12, lab work for medical clearance prothrombin, lab work for medical clearance thromboplastin, lab work for medical clearance urinalysis, venipuncture, 3 follow-up appointments, and urine drug screen

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: 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 (ESIs), Page(s): 46.

Decision rationale: The Chronic Pain Guidelines indicate that epidural steroid injections are recommended for radiculopathy, and must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated that the patient had a positive left straight leg raise and the patient had a decrease in the sensory motor deficit at L5-S1 on the left side. The left straight leg raise was noted to be positive; however, it failed to indicate the patient had radiation of pain to the lower extremity to support radiculopathy. The clinical documentation indicated the patient had an MRI on 05/29/2013, which was not presented for review to corroborate the objective findings on examination. Given the above, the request for a lumbar epidural steroid injection at L5-S1 is not medically necessary.

Transportation to and from the lumbar epidural steroid injection procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, and Transportation.

Decision rationale: The Official Disability Guidelines recommend transportation for medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. The clinical documentation submitted for review failed to provide the necessity for the request and the procedure was not supported. Given the above, the request for transportation to and from the lumbar epidural steroid injection procedure is not medically necessary.

Consultation for preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=

Decision rationale: The Society of General Internal Medicine Online indicates, "Preoperative assessment is expected before all surgical procedures". However, clinical documentation failed to support the requested procedure, as such, the consultation for preoperative clearance is not medically necessary.

Lab work for medical clearance: complete blood count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter, Preoperative lab testing, Online Version.

Decision rationale: The Official Disability Guidelines indicate that "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." The clinical documentation submitted for review failed to provide the patient had a necessity for the testing as the requested procedure was not medically necessary. Given the above, the request for lab work for medical clearance: complete blood count (CBC) is not medically necessary.

Lab work for medical clearance: chemistry 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab testing, Online Version.

Decision rationale: The Official Disability Guidelines indicate, "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." The clinical documentation submitted for review failed to provide the necessity for the procedure. Given the above, the request for lab work for medical clearance: chemistry 12 is not medically necessary.

Lab work for medical clearance: prothrombin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab testing, Online Version

Decision rationale: The Official Disability Guidelines recommend 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 clinical documentation failed to support the necessity for the procedure. Given the above, the request for lab work for medical clearance: prothrombin is not medically necessary.

Lab work for medical clearance: thromboplastin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab testing, Online Version

Decision rationale: The Official Disability Guidelines recommend 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 clinical documentation failed to support the necessity for the procedure. Given the above, the request for lab work for medical clearance: thromboplastin is not medically necessary

Lab work for medical clearance: urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab testing, Online Version

Decision rationale: The Official Disability Guidelines indicate, "Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material." The clinical documentation submitted for review failed to provide the necessity for the requested procedure. Given the above, the request for lab work for medical clearance: urinalysis is not medically necessary.

Venipuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Preoperative lab testing, Online Version

Decision rationale: The Official Disability Guidelines recommend lab testing as previously described. The request for venipuncture is not medically necessary as the procedure was not medically necessary.

Three (3) follow-up appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 Chapter, Office Visits, Online Version

Decision rationale: The Official Disability Guidelines recommend return office visits dependent upon the medications the patient is taking. The clinical documentation submitted for review failed to provide the necessity for three return visits. Given the above, the request for 3 follow-up appointments is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 43 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend urine drug screening for patients with issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to provide the patient had issues of abuse, addiction or poor pain control. Given the above, the request for a urine drug screen is not medically necessary.