

Case Number:	CM13-0066053		
Date Assigned:	01/03/2014	Date of Injury:	12/04/2012
Decision Date:	08/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Preventive Medicine and is licensed to practice in Indiana. 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:

The employee is a 28-year-old woman who sustained a work-related injury in December of 2012. As a result of this injury, she has been diagnosed with lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbar spine spondylitis, and sciatica. For her pain, she is taking Neurontin, Norco, Celebrex, and Flexeril. She has been recommended for a lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative labs, chest x-ray, EKG, per 11/25/13 form, Qty: 1.00: 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), Low Back, Preoperative Testing.

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, Preoperative Testing.

Decision rationale: This is a young, 28-year-old woman who has no comorbid conditions, except essential hypertension, which is well-controlled on medications. She will be getting an epidural steroid injection (ESI) which is a non-invasive procedure and does not require pre-

operative clearance, as stated in the above cited guidelines. Therefore, the request for preoperative, labs, chest x-ray, and EKG (electrocardiogram) is not medically necessary.