

Case Number:	CM14-0000079		
Date Assigned:	01/10/2014	Date of Injury:	05/24/2012
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 57 year old male who reported a fall on 05/24/2012. In the clinical note dated 12/03/2013, the injured worker complained of a moderate degree of pain that radiated behind his neck as he lifted, bent, or turned his cervical spine. He reported that this moderate pain was constantly in this region. He was status post right shoulder arthroscopy on 09/06/2013. The injured worker stated that this procedure was successful. The injured workers medication regimen included Terazolin, Tylenol #3 and aspirin. On the physical examination, it was documented that the cervical motion was slightly impaired. The injured worker had 65 degrees of right rotation, 70 degrees of left rotation, 30 degrees of extension, and 30 degrees of flexion. Extremes of rotation and extension reproduced pain behind the shoulder blades. Past medical history included hypertension, and vague chest complaints and anxiety for which he was seeing a cardiologist and was prescribed aspirin. An electrocardiogram and stress test were done with the cardiologist with results pending. The treatment plan discussion included one to two cervical epidural steroid injections to treat symptoms related to work aggravation of central and foraminal stenosis at C5-C6 and C6-C7 and associated axial and radicular symptoms. The provider recommended obtaining cardiac clearance as the injured worker was undergoing work-up for vague chest pain complaints and clearance to stop aspirin for one week prior to a procedure. Activity recommendations and medications were also discussed. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL 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 (ESIs), Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection is not medically necessary. The California MTUS guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). There is a lack of documentation of significant radiculopathy upon physical exam in the clinical notes reviewed. The guidelines also state the injured worker should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In the clinical notes, there is a lack of documentation of conservative treatment to include exercises, non-steroidal antiinflammatory drugs (NSAIDs) and muscle relaxants; the clinical documented the injured worker on Terazosin, Tylenol #3 and aspirin. The requesting physician did not include an official MRI of the cervical spine within the medical records. Therefore, the request for cervical epidural steroid injection is not medically necessary.

CARDIAC CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines, Perioperative Cardiovascular Evaluation, and Revised Cardiac Risk Index (online version).

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 Problems, Preoperative Electrocardiogram.

Decision rationale: The request for cardiac clearance is not medically necessary. The Official Disability Guidelines (ODG) state an electrocardiogram 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. In the clinical notes, the documentation indicated that the injured worker saw a cardiologist and was awaiting the results of an electrocardiogram and a stress test. Also, the clinical notes did not document if the injured worker had any further complaints of chest pain. Furthermore, the procedure for which the cardiac clearance is being requested for is

not considered high risk; the guidelines state that patients who are asymptomatic and are undergoing low-risk surgery do not require electrocardiography. Therefore, the request for cardiac clearance is not medically necessary.