

<b>Case Number:</b>	CM14-0018292		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	11/28/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 61 year old male who reported an injury on 11/28/2008. The mechanism of injury was not reported. Per the 03/11/2014 clinical note, the injured worker reported neck, back, and left arm pain. Cervical spine range of motion was noted with 15 degrees of flexion and extension. The injured worker had decreased sensation in the hands bilaterally and a positive straight leg raise at 30 degrees bilaterally. The diagnoses included cervical and lumbar discogenic syndrome, muscle spasm, insomnia, left and right shoulder impingement, bilateral median and ulnar nerve injury, and asthma. Treatment to date includes medication. MRI of the left shoulder performed on 08/13/2013 showed arthrosis of the acromioclavicular joint and severe tendinosis of the supraspinatus with a large partial thickness tear. Per the 03/19/2014 clinical note, the injured worker was to undergo left shoulder arthroscopic surgery but it was cancelled due to severe anemia. The request is for cervical epidural steroid injections, preoperative labs, EKG, and chest x-ray. The request for authorization form was not present in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL EPIDURAL STEROID INJECTIONS WITH ANESTHESIA AT C4-C5, C5-C6, C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**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 injections with anesthesia at C4-5, C5-6, and C6-7 is non-certified. The CA MTUS guidelines state the following criteria for the use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies, pain must be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Per the 03/11/2014 clinical note, the injured worker reported neck, back, and left arm pain. The injured worker had decreased cervical spine range of motion and decreased sensation in the hands. An unofficial MRI of the cervical spine performed on 08/12/2010 showed disc bulge at C3-4, C5-6, and C6-7. There is a lack of sufficient evidence of cervical radiculopathy upon physical exam to warrant cervical epidural steroid injections. Within the provided documentation it did not appear the injured worker had significant anxiety related to the procedure which would indicate the injured workers need for anesthesia. The requesting physician did not include an official report from the cervical spine MRI. In addition, the number of levels requested exceeds guideline recommendations and the request does not specify if fluoroscopy will be used. As such, the request for Cervical Epidural Steroid Injections with anesthesia at C4-C5, C5-C6, and C6-C7 is not medically necessary and appropriate.

**LABS: CBC, CHEM PANEL, UA, PT, PTT:** 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-TWC), 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-TWC) Low Back, Preoperative Lab testing.

**Decision rationale:** The request for Labs: CBC, Chem panel, UA, PT, and PTT is non-certified. The Official Disability Guidelines state the criteria for preoperative lab testing as the following: 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; 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. The injured worker had no history of a bleeding disorder to warrant a coagulation study. There was no indication the injured worker was undergoing a urologic procedure that would require a urinalysis. There was also no evidence the injured worker had any symptoms of electrolyte imbalance or renal failure. As of 03/19/2014 the injured worker's left shoulder surgery had been cancelled. It was unclear if the injured worker was scheduled to undergo

surgical intervention in the near future. Without a surgery approval, the requested preoperative labs are not medically necessary. As such, the request Labs; CBC, Chem Panel, UA, PT, PTT is not medically necessary and appropriate.

**EKG:** 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-TWC), 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-TWC) Low Back, Preoperative Electrocardiogram.

**Decision rationale:** The request for an EKG (Electrocardiography) is non-certified. The Official Disability Guidelines state for intermediate risk surgical procedures, a preoperative electrocardiogram is recommended for patients with known coronary heart disease, peripheral arterial disease, or cerebrovascular disease. A preoperative electrocardiogram may be reasonable in patients with at least 1 clinical risk factor: history of ischemic heart disease, history of compensated or prior heart failure, or history of cerebrovascular disease, diabetes mellitus, or renal insufficiency. The medical records provided do not state the injured worker has any of these risk factors. In addition, the surgery this electrocardiogram was requested for was cancelled as of 03/19/2014; it was unclear if the surgical intervention was rescheduled for a date in the near future. The medical records provided fail to establish the medical necessity for an EKG. As such, the request for EKG (Electrocardiography) is not medically necessary and appropriate.

**CHEST X-RAY:** 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-TWC), 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-TWC) Low Back, Preoperative testing, General.

**Decision rationale:** The request for a chest x-ray is non-certified. The Official Disability Guidelines state chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The medical records provided do not document any cardiopulmonary findings or history which would warrant a chest x-ray. As such, the request for Chest X-ray is not medically necessary and appropriate.