

Case Number:	CM14-0141264		
Date Assigned:	09/10/2014	Date of Injury:	03/14/2011
Decision Date:	12/02/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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 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:

There were 66 pages provided for this review. The application for independent medical review was signed on August 28, 2014. It was for a lumbar spine epidural steroid injection at L4-L5, surgical internal medicine clearance, preoperative CBC, PTT, PT INR, and Chem 7 were all not medically necessary. There was a peer review from August 27, 2014. The date of injury was March 14, 2010. An MRI showed mild to moderate multilevel degenerative changes, L4-L5 small central disc protrusion and several levels of neuroforaminal narrowing which was worse at L5-S1. An electromyogram was incomplete because the claimant did not tolerate the study. There was five minus out of 5 strength in both lower extremities, but decreased left L4-L5 sensation. The reflexes were equal and one plus bilaterally. There was a positive straight leg raise bilaterally, however it was not further defined. There was tenderness, spasm, and hypoesthesia at the L4-S1 distributions. The lumbar spine MRI did not document any large disc protrusions, which would correlate with the reported subjective findings. Furthermore, the EMG was incomplete and did not confirm radiculopathy. Because the epidural steroid injection was not medically necessary, the request for surgical internal medicine clearance and preoperative lab work would not be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Steroid Injections L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. There was five minus out of 5 strength in both lower extremities, but decreased left L4-L5 sensation. The reflexes were equal and one plus bilaterally. There was a positive straight leg raise bilaterally, however it was not further defined. There was tenderness, spasm, and hypoesthesia at the L4-S1 distributions. The lumbar spine MRI did not document any large disc protrusions, which would correlate with the reported subjective findings. Furthermore, the EMG was incomplete and did not confirm radiculopathy. The request appears appropriately not medically necessary based on the above.

Surgical Internal Medicine 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 ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Because the epidural steroid injection was not medically necessary, the request for surgical internal medicine clearance and preoperative lab work would not be necessary. The request is not medically necessary.

Pre-Op Complete Blood Count (CBC), Partial Thromboplastin Time (PTT), Prothrombin Time and International Normalized Ratio (PT/INR) and Chem 7: 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.nhlbi.nih.gov/health/health-topics/topics/bdt/>

Decision rationale: The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. Because the epidural steroid injection was not certified, the request for surgical internal medicine clearance and preoperative lab work would not be medically necessary.