

Case Number:	CM14-0023890		
Date Assigned:	07/02/2014	Date of Injury:	07/25/2003
Decision Date:	08/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist, elbow, and neck pain reportedly associated with an industrial injury of July 25, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; stellate ganglion blocks; epidural steroid injections; and transfer of care to and from various providers in various specialties. In a February 10, 2014 Utilization Review Report, the claims administrator denied a request for a medical clearance evaluation, on the grounds that the applicant was not actively considering or contemplating surgery. An EKG and preoperative lab testing were also denied on the grounds that the applicant was reportedly not pending surgery. The applicant's attorney subsequently appealed. An April 23, 2014 progress note was notable for comments that the attending provider was appealing previously denied medications, including Ambien, Lyrica, Ultram, Protonix, Flexeril, and Celebrex. The attending provider complained that the utilization reviewer denied the report using a Georgia licensed reviewer as opposed to California licensed reviewer. On January 14, 2014, the attending provider sought authorization for stellate ganglion blocks and epidural steroid injection therapy on the grounds that a medical-legal evaluator had also endorsed these requests. The applicant's work status and disability status were reportedly unchanged. It was not stated whether or not the applicant was working. In multiple progress notes of June 26, 2013 and August 28, 2013, the attending provider also sought authorization for numerous medications, including Ambien, Celebrex, Lyrica, tramadol, Protonix, and cyclobenzaprine. The attending provider also apparently continued to pursue epidural steroid injection therapy and stellate ganglion blocks, which had apparently been denied on several occasions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.GUIDELINE.GOV/CONTENT.ASPX?ID=38289](http://www.guideline.gov/content.aspx?id=38289).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Evaluation and Management article.

Decision rationale: The MTUS does not address the topic. While Medscape does recommend preoperative evaluations as a means of reducing the risk of perioperative complications in applicants who are set to undergo surgery, in this case, however, there is no evidence that the applicant is set to undergo any kind of surgical remedy. The applicant's primary treating provider appears to intent on pursuing further cervical epidural steroid injections and stellate ganglion blocks. It is unclear why these procedures require a medical clearance evaluation. It is further noted that these procedures have apparently been denied by the claims administrator on several occasions. No clear rationale for the medical clearance evaluation has been furnished in the face of the multiple denials for stellate ganglion blocks and epidural injection blocks. Therefore, the request is not medically necessary.

H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.GUIDELINE.GOV/CONTENT.ASPX?ID=38289](http://www.guideline.gov/content.aspx?id=38289).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Evaluation and Management article.

Decision rationale: It is not clear what precisely this request represents as the MTUS does not address the topic. As noted by the Medscape Preoperative Evaluation and Management article, however, the additional time invested in a preoperative evaluation yields an improved physician-applicant relationship and reduces surgical complications. In this case, however, there is no evidence that the applicant is set to undergo any kind of surgical intervention. The procedures which are being disputed by the attending provider represent stellate ganglion blocks and epidural steroid injections. These are not customarily procedures which would require any kind of formal preoperative history and physical or preoperative evaluation. Moreover, the claims administrator has consistently denied these medications. There is no evidence that the applicant is set to undergo any of the procedures in question, even on a self-procured basis. Therefore, the request is not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.GUIDELINE.GOV/CONTENT.ASPX?ID=38289](http://www.guideline.gov/content.aspx?id=38289).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

Decision rationale: The MTUS does not address the topic. As noted in the Medscape Preoperative Testing article, routine EKGs are not recommended in asymptomatic applicants without any clinical risk factors who are set to undergo a low-risk surgery. In this case, the applicant is not planning to undergo any kind of surgical intervention, either high risk or low risk. The epidural stellate ganglion blocks which are also the subject of dispute would be considered, by analogy, a low-risk procedure, in any case. The applicant does not have any documented cardiac risk factors such as active coronary artery disease, diabetes, dyslipidemia, hypertension, obesity, etc. which might increase the value and/or yield of the EKG. Therefore, the request is not medically necessary.

LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.GUIDELINE.GOV/CONTENT.ASPX?ID=38289](http://www.guideline.gov/content.aspx?id=38289).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

Decision rationale: The MTUS does not address the topic. As noted by Medscape, preoperative testing or preoperative screening of healthy applicants undergoing elective surgery is not recommended. In this case, no rationale for pursuit of laboratory testing was proffered by the attending provider. The applicant does not appear to be set to undergo any kind of surgical remedy. The interventional spine procedures which are the subject of dispute have been consistently denied by the claims administrator. There is no evidence that the applicant is self-procuring the epidural steroid injections and/or stellate ganglion blocks. The attending provider did not document any applicant-specific risk factors which would have supported the need for the testing in question. Therefore, the request is not medically necessary.