

Case Number:	CM14-0027104		
Date Assigned:	06/13/2014	Date of Injury:	01/17/2013
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 Preventative Medicine, has a subspecialty in Occupational 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 51 year old male who had a work related injury on 01/17/13. The mechanism of injury was due to continuous trauma, repetitive bending, stooping, carrying, lifting, stress and strength. The injured worker was referred to a treating physician. X-rays were taken. MRI studies of the cervical spine, thoracic spine, and lumbosacral spine were also completed. He was informed there were disc bulges. Physical therapy 2 x a week for approximately five months was completed and noted as beneficial. Chiropractic treatments 2 x a week for approximately two months were also beneficial. The most recent progress note dated 01/27/14 the injured worker complained of lower back pain which radiated into his left leg down to his left calf. Occasionally he has spasms in his lower back. He reports his pain as an 8/10 without medication and a 5/10 with medication. Physical examination reveals decreased range of motion. There is decreased lumbar lordosis. There is 2+ tenderness and spasms in the lumbar paraspinals. There is tenderness at the lumbar facets. There is positive straight leg raise on the right at 70 degrees. There is hypoesthesia at bilateral L3 through S1 dermatomes. There is a positive Kemp's test. There is no MRI report to review, notes do show report of MRI dated 05/06/13 shows L3-4 disc level, shows mild dehiscence of the nucleus pulposus with a 3.5 millimeter midline disc bulge indenting the anterior portion of the lumbosacral sac, but neuroforamen appear patent. L4-5 disc level shows mild dehiscence of the nucleus pulposus with a 3.5mm midline disc bulge indenting the anterior portion of the lumbosacral sac. The neuroforamen appear patent. L5-S1 shows narrowing of the intervertebral space. Sclerosis of the end plate. There is a 4.5 millimeter posterior protrusion indenting the anterior portion of the lumbosacral sac, causing minimal decrease in anterior posterior sagittal diameter of the lumbosacral canal. Fluid in the inner facet joints, thickening of the ligamentum flavum is present. There is no electrodiagnostic report. The request is for lumbar epidural steroid based

pain management procedure with procedural modification at levels L4-5 and L5-S1. Procedure modification for facet blocks. Preoperative laboratory testing, PTT, PT, complete blood count, international and normalized ratio, basic metabolic panel/SMA7, and a preoperative electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROIDAL BASED PAIN MANAGEMENT PROCEDURE WITH PROCEDURAL MODIFICATIONS AT LEVELS L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections.

Decision rationale: The request for lumbar epidural steroidal based pain management procedure with procedural modification at levels L4-L5, L5-S1 are not medically necessary. Clinical documentation does not support the request. Physical examination reveals decreased range of motion. There is decreased lumbar lordosis. There is 2+ tenderness and spasms in the lumbar paraspinals. There is tenderness at the lumbar facets. There is positive straight leg raise on the right at 70 degrees. There is hypoesthesia at bilateral L3 through S1 dermatomes. There is a positive Kemp's test. There is no MRI report to review. So, medical necessity has not been established.

PROCEDURE MODIFICATIONS FACET BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter, Facet Blocks.

Decision rationale: The request for procedure modification for facet blocks is not medically necessary. The clinical documentation submitted does not support the request. Official Disability Guidelines (ODG) do not recommend doing facet blocks and Epidural Steroid Injections at the same time. There is no documentation of facet mediated pain. Medical necessity has not been established.

PREOPERATIVE LABORATORY TESTING; PARTIAL THROMBOPLASTIN TIME (PTT), PROTHROMBIN TIME (PT), COMPLETE BLOOD COUNT (CBC), INTERNATIONAL NORMALIZED RATIO (INR), BASIC METABOLIC PANEL/SMA7 (SEQUENTIAL MULTIPLE ANALYSIS-7) AND URINALYSIS: 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 Chapter.

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 Chapter, Preoperative Studies.

Decision rationale: The request for preoperative laboratory testing, partial thromboplastin time (PTT) prothrombin time (PT), complete blood count, international and normalized ratio, basic metabolic panel/SMA7 is not medically necessary. The request is predicated on the initial request of lumbar ESI, as this has not been found to be medically necessary, the subsequent request is not necessary.

PREOPERATIVE ELECTROCARDIOGRAM (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), Low Back Chapter.

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 Chapter, Preoperative Cardiac Evaluation.

Decision rationale: The request for preoperative electrocardiogram (EKG) is not medically necessary. The request is predicated on the initial request of lumbar epidural steroid injections (ESI), as this has not been found to be medically necessary, the subsequent request is not necessary.