

<b>Case Number:</b>	CM14-0029392		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 claimant is a 60-year old male who was being treated for lumbar sprain/strain. The date of injury was 10/21/2012. The mechanism of injury was lifting boxes weighing about 40 to 50 pounds. His history included prior laminectomy/discectomy in 1995. Medications included Naproxen and Prilosec. Notes reviewed from 11/5/13 from Physical therapy provider notes radiating pain down his left lower extremity with numbness and tingling down his left gluteus and posterior leg. Pertinent objective findings included weakness at the gluteal muscles and lower extremities. Also other pertinent findings during his visit in September 2013 was positive straight leg raising test at 70 degrees on the left and absent left ankle deep tendon reflex. His prior EMG and NCV were reportedly normal. His prior treatment included Physical therapy, activity modification and NSAIDS. The most recent visit was on January 16, 2014. Symptoms included low back pain radiating down into bilateral legs with numbness and tingling in the legs. Pertinent objective findings included decreased range of motion of lumbar spine along with tenderness to palpation of lumbar paraspinal musculature with spasms and tightness. MRI of lumbar spine showed disc dessication at L1-2, L3-4, L4-5 and L5-S1 levels. Laminectomy defect noted on left side at L4-5 level, focal central disc extrusion with craniocaudal extension and annular tear indenting the thecal sac. L3-4 diffuse disc protrusion with effacement of the thecal sac, disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches the left and right L3 exiting nerve roots. L4-5 diffuse disc protrusion with effacement of the thecal sac. There is bilateral neural foraminal stenosis that encroaches bilateral L4 exiting nerve roots. L5-S1 focal central disc protrusion and bilateral neural foraminal narrowing that effaces bilateral L5 exiting nerve roots. Grade I retrolisthesis of L3 over L4 and L4 over L5 noted. Diagnoses included lumbar spine strain/sprain, positive MRI herniated disc with radiculitis, status post

laminectomy and discectomy with segmental instability retrolisthesis at L3-L4. The treatment plan included a request for lumbar epidural steroid injections, refill of Anaprox and Prilosec.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cbc, pt/ptt, and sma7:** 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 pain, Preoperative laboratory testing.

**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 pain, Preoperative laboratory testing.

**Decision rationale:** The Official Disability Guidelines (ODG) indicates that lab testing is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Preoperative 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. 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. The submitted records do not indicate comorbid conditions or suspicion of comorbid conditions that needed to be ruled out or use of anticoagulants. Additionally, the lumbar epidural steroid injections have not met the medical necessity guidelines and hence the preoperative laboratory testing is also not supported. The request for Cbc, pt/ptt, and sma7 are not medically necessary and appropriate.

**Epidural Steroid Injection at L3-4, L4-5, L5-S1, quantity 2:** 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, page(s) 46 Page(s): 48.

**Decision rationale:** The MTUS guidelines support the usage of epidural steroid injections for diagnostic confirmation purposes; however the guidelines indicate that no more than 2 nerve root levels should be injected. After a review of the medical records provided, while the employee does display subjective symptoms of radicular pain and some corroboration of bilateral foraminal stenosis as noted on MRI of lumbar spine, this request is not supported secondary to the number of nerve root level injections requested which is outside of guideline recommendations for no more than 2 nerve root levels being injected at one time. Therefore, the request for epidural Steroid Injection at L3-4, L4-5, L5-S1, quantity 2 is not medically necessary and appropriate.

