

Case Number:	CM14-0037491		
Date Assigned:	06/25/2014	Date of Injury:	07/24/2009
Decision Date:	09/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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:

This is a 53-year-old female with a 7/24/09 date of injury. The exact mechanism of injury has not been described. An appeal note dated 3/21/14 indicated that the patient had limited ROM in all planes. She had a positive SLR test bilaterally at 80 degrees, and had hypoesthesia on the anterolateral aspect of the foot and ankle at the L4-5 and L5-S1 dermatomes bilaterally. There is weakness in the big toe dorsiflexors and plantarflexors bilaterally. It is noted that the patient has been unresponsive to conservative measures including physical methods, exercises, and medications. Since the Epidural Injections are medically necessary, the lab work (CBC, PT/INR, Chem 7) is also medically necessary per the appeal note. On 1/20/14, the patient presented complaining of low back pain that radiated down to the bilateral legs with worsening coccydynia. She has numbness and tingling in the bilateral lower extremities. A lumbar MRI on 2/23/13 shows a disc protrusion with effacement of the thecal sac at L4-5 and narrowing of the left neural foramen that effaces the left L4 exiting nerve root. At L5-S1, there is a disc protrusion without effacement of the thecal sac. There is narrowing of the left neural foramen that effaces the left L5 exiting nerve root. Diagnostic Impression: Lumbar Disc herniation. Treatment to date: activity modification, medication management, physical therapy. A UR decision dated 3/17/14 denied the request. The rationale for the denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural steroid injection at L4-L5 with Fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections pg Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support Epidural Injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. This patient is noted to have subjective and objective radiculopathy on examination, with decreased sensation in the L4 and L5 dermatomes. In addition, she had disc herniation at L4-5 and L5-S1 on lumbar MRI with thecal effacement at L4-5 and neural foraminal narrowing at L5-S1. She is noted to have failed conservative management, including physical therapy and medication management. Therefore, the request for Lumbar Epidural Steroid Injection at L4-5 with Fluoroscopy is medically necessary.

Lab Test: CBC, PT/INR and Chem 7: Overturned

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) Low Back Chapter-Pre-operative EKG and Lab Testing.

Decision rationale: CA MTUS does not address this issue. ODG states that preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. This patient is 51-years-old and will be undergoing an epidural procedure. It would be appropriate to check laboratory data prior to ensure there is no evidence of bleeding dysfunction or electrolyte abnormalities. Therefore, the request for Lab Test: CBC, PT/INR and Chem 7 is medically necessary.