

<b>Case Number:</b>	CM14-0048939		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/30/1992
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Neurological Surgery 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 injured worker is a 62-year-old male who was reportedly injured on June 30, 1992. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 6, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion and hypoesthesia at the anterior lateral aspect of the foot and ankle, which does not clearly follow the L5 and S1 dermatomes distribution. There was weakness with big toe dorsiflexion and plantar flexion. There was a request for a lumbar epidural steroid injection. A request had been made for laboratory testing and lumbar spine epidural steroid injections and was not certified in the pre-authorization process on March 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative Lab Tests: Complete Blood Count (CBC), Partial Thromboplastin Time (PTT), Prothrombin Time (PT), International Normalized Ratio (INR) and Chemistry 7:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESIs) Page(s): 46.

**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, Preoperative laboratory testing, updated July 3, 2014.

**Decision rationale:** The attached medical record does not state the reasoning behind requesting the laboratory blood tests. These may be requested in conjunction with the epidural steroid injection requests; however, this was not specified. Without specific justification, this request for a complete blood count, partial thromboplastin time, prothrombin time, international normalized ratio, and chemistry 7 is not medically necessary.

**1 Lumbar Epidural Steroid Injection at L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** According to the attached medical record, the injured employee has been previously approved for lumbar spine epidural steroid injections; however, it was not stated if these were actually performed or what the efficacy of these injections were. Without this information, a potential second lumbar spine epidural steroid injection cannot be justified. This request for lumbar spine epidural steroid injection at L4-L5 and L5-S1 is not medically necessary.