

Case Number:	CM14-0063685		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2011
Decision Date:	11/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family Medicine and is licensed to practice in Ohio. 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 54-year-old female who stated date of injury was October 17, 2011 when she felt a pop in her right shoulder when she pulled a patient's chart. She subsequently developed right shoulder pain, neck pain, and low back pain radiating to the lower extremities. She underwent arthroscopic repair of a torn rotator cuff of the right shoulder on March 11, 2013. She continued to have right shoulder pain but the back pain seemed to worsen as well. An MRI scan of the lumbar spine revealed multilevel disc protrusion and facet hypertrophy causing stenosis of the neural foramen. Her physical exam reveals diminished range of motion of the cervical spine with tenderness and spasm of the paraspinal musculature. The right shoulder shows diminished and painful range of motion. The lumbar spine reveals tenderness of the paraspinal musculature, spinal column and facet joints. Her diagnoses include degeneration of the cervical and lumbar intervertebral discs, cervical radiculopathy, lumbar radiculopathy, torn rotator cuff, lumbago, hypertension, diabetes, and asthma. Prior to a lumbar epidural steroid injection she underwent a pre-procedure evaluation. The evaluating physician recommended a pre-procedure electrocardiogram and labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECG (Electrocardiogram) (Prior to Procedure): 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) TWC last updated 05/10/2013

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 electrocardiogram ECG

Decision rationale: A preoperative electrocardiogram is considered reasonable prior to orthopedic surgery if the patient has risk factors for heart disease such as diabetes or hypertension. For ambulatory surgery or procedures, preprocedure electrocardiograms are not recommended as the cardiac risk is considered to be low. Therefore, an electrocardiogram prior to a lumbar epidural steroid injection is not generally medically necessary and thus not medically necessary in this instance.

LABS: CBC (Complete Blood Count) , CMP, Gamma-Glutamy1 Transferase and Hemoglobin A1C: 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) TWC last updated 05/10/2013.

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 lab testing

Decision rationale: 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.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management.- 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. In this instance, the internal medicine physician had already recommended utilizing an insulin sliding scale around the time of the epidural steroid injection. An A1C determination would not change perioperative management. Additionally, a lumbar epidural steroid injection does not ordinarily involve a substantial risk of blood loss. Therefore, CBC (Complete Blood Count), CMP, Gamma-Glutamy1 Transferase and Hemoglobin A1C were not medically necessary.