

Case Number:	CM14-0068737		
Date Assigned:	07/14/2014	Date of Injury:	08/14/2008
Decision Date:	10/01/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 58 year old male with an 8/4/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/25/14 noted subjective complaints of constant back pain. Objective findings included facet joint arthropathy, pain radiating down bilateral thighs. An 11/22/13 exam noted 5/5 strength bilateral lower extremities and decreased sensation in the left L5 distribution. Left knee jerk was absent. MRI 6/12 noted bilateral neural foraminal narrowing at L4-5 and L5-S1 left inferior neural foraminal narrowing. Diagnostic Impression: lumbar disc disease, lumbar radiculopathy. Treatment to Date: medication management and physical therapy. A UR decision dated 5/5/14 denied the request for lumbar medial branch block for lumbar spine L3-4, L4-5. Criteria for MBB is not met. It also denied the request for CMP (complete metabolic panel). The procedure is not medically necessary, and therefore pre-procedure workup is not medically necessary. It also denied the request for PT/PTT (Pro time/partial prothrombin time). The procedure is not medically necessary, and therefore pre-procedure workup is not medically necessary. It also denied the request for EKG (Electrocardiogram). The procedure is not medically necessary, and therefore pre-procedure workup is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Lumbar Medial Branch Block for Lumbar Spine L3-4, L4-5: 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, Facet joint diagnostic blocks (Injections), Neck Chapter, Pain 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 - medial branch blocks

Decision rationale: CA MTUS does not specifically address medial branch blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, the objective findings are most consistent with radicular pain. There are both physical exam findings as well as MRI abnormalities consistent with lumbar radiculopathy. Therefore the request for injection of lumbar medial branch block for lumbar spine L3-4, L4-5 was not medically necessary.

CMP (Complete Metabolic Panel): Upheld

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 Official Disability Guidelines (ODG) lumbar & thoracic (acute & chronic) chapter - pre-operative EKG and lab testing and ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: CA MTUS does not specifically address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, since the requested procedure was not necessary, labwork for pre-procedural clearance was not medically necessary. Therefore, the request for CMP (complete metabolic panel) was not medically necessary.

PT/PTT (Pro Time/ Partial Prothrombin Time): Upheld

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 Official Disability Guidelines (ODG) lumbar & thoracic (acute & chronic) chapter - pre-operative EKG and lab testing and ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: CA MTUS does not specifically address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, since the requested procedure was not necessary, labwork for pre-procedural clearance was not medically necessary. Therefore, the request for PT/PTT (pro time/partial prothrombin time) was not medically necessary.

EKG (electrocardiogram): Upheld

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 Official Disability Guidelines (ODG) lumbar & thoracic (acute & chronic) chapter - pre-operative EKG and lab testing and ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: CA MTUS does not specifically address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular

evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, since the requested procedure was not necessary, cardiac clearance was not medically necessary. Therefore, the request for EKG (electrocardiogram) was not medically necessary.