

Case Number:	CM14-0194712		
Date Assigned:	12/02/2014	Date of Injury:	11/06/2013
Decision Date:	01/16/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine & Rehabilitation 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 55 year old male who suffered an industrial related injury on 11/6/13 after falling off of a ladder. The injured worker's medical history includes hypertension, hepatitis C, and esophageal bleeding. A physician's report dated 4/28/14 noted the injured worker had decreased range of motion of the lumbar spine. The injured worker had complaints of discomfort and pain in the low back area. Diagnoses included degenerative disc disease of the lumbar spine, lumbago, and status post lumbar fusion at L4-5 and L5-S1 in 2007. A MRI done on 9/4/14 revealed probable muscle spasm in the back with straightening of the lumbar lordosis, moderate degenerative changes along the lumbar spine with ridging of the anterior thecal sac, moderated degenerative changes of the L5-S1 intervertebral disc, desiccation of the L1-5 discs, L1-3 concentric disc bulges indenting the anterior thecal sac, L3-4 disc bulges with hypertrophy of the right facet joint causing right foraminal narrowing. A physician's report dated 10/14/14 noted the injured worker had 12 sessions of physical therapy but did not improve. The injured worker had complaints of increasing back pain with radiation down the left thigh. Diagnoses: 1. Lumbar degenerative disc disease 2. S/p lumbar fusion 3. Painful hardware On 11/10/14 the utilization review (UR) physician denied the requests for left L3-L4 transforaminal epidural steroid injection with sedation, pre-operative clearance, pre-operative labs, pre-operative electrocardiogram, and a pre-operative chest x-ray. The UR physician noted epidural steroid injections are recommended as an option for the treatment of radiculopathy documented by a physician's examination and corroborated by imaging studies and/or electrodiagnostic testing for patients who have not responded to initial conservative treatment. The UR physician goes on to say that based on the records reviewed there has been no documentation of objective examination findings of left L3-4 radiculopathy or any corroboration; therefore the requests are all non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L3-L4 TRANSFORAMINAL ESI WITH SEDATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with increasing low back pain which radiates down the left thigh and neck pain. The current request is for LEFT L3-L4 TRANSFORAMINAL ESI WITH SEDATION. The treating physician states "55 year old man with lumbar radiculopathy, who appears to have failed conservative PT treatment. Patient with MRI evidence of the left L3-4 foraminal stenosis. He also has clear evidence of left L-4 radiculopathy as demonstrated by his blunted patellar reflex on the left, +SLR on the left only, and decrease to sensation in the left L4 nerve root distribution" (47, 63) The MTUS guidelines state that radiculopathy must be documented and the patient must have failed to respond to conservative treatment. In this case, the treating physician has documented radiculopathy and that the patient has been unresponsive to treatment. The MTUS guidelines also state that no more than 2 ESI's are recommended and there is no documentation that this patient has previously received a lumbar ESI. Recommendation is for authorization as this request is medically necessary.

PRE-OP MEDICAL CLEARANCE [REDACTED] RFA 11/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 chapter: Hardware injection (block)

Decision rationale: The patient presents with low back pain which radiates down the left thigh and neck pain. The current request is for PRE-OP MEDICAL CLEARANCE RFA 11/03/14. The treating physician states that the patient was authorized for a hardware block. A hardware block is an injection of steroid/anesthetic medication that can eliminate the pain by reducing the swelling and inflammation near the hardware and the surgeon may decide to remove the patient's hardware based on the results of the injection. Hardware block injections do not require surgery. The patient was apprehensive about the procedure and was not sure if they wanted to follow through with the injection. In this case, the treating physician does not request a surgical procedure for hardware removal and there is no authorization for surgery found in the records provided. The ODG guidelines do recommend hardware blocks and this procedure apparently has already been authorized. There is no request for hardware removal and thus there is no medical rationale provided for a pre-op medical clearance. Recommendation is for denial as this request is not medically necessary.

PRE-OP LABS: CBC, CMP, URINE SREEN, PT, PTT PTT PER RFA DATED 11/03/14 QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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)

Decision rationale: The patient presents with low back pain which radiates down the left thigh and neck pain. The current request is for PRE-OP LABS: CBC, CMP, URINE SREEN, PT, PTT PTT PER RFA DATED 11/03/14 QTY 1. The treating physician states that the patient was authorized for a hardware block. A hardware block is an injection of steroid/anesthetic medication that can eliminate the pain by reducing the swelling and inflammation near the hardware and the surgeon may decide to remove the patient's hardware based on the results of the injection. The IW has also been approved for LESI. The ODG guidelines do recommend pre-operative lab testing with criteria outlined in the ODG met. Recommendation is for authorization as this request is medically necessary.

PRE-OP EKG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) ODG Online Low Back chapter: preoperative electrocardiogram

Decision rationale: The patient presents with low back pain which radiates down the left thigh and neck pain. The current request is for PRE-OP EKG. The IW has been authorized for an outpatient procedure. Pre-op EKG is recommended to screen for cardiac abnormalities that may be exacerbated by medication and for potential medical complications. Recommendation is for authorization as this request is medically necessary.

PRE-OP CHEST X-RAY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) ODG Online Low Back chapter: preoperative testing, general

Decision rationale: The patient presents with low back pain which radiates down the left thigh and neck pain. The current request is for PRE-OP CHEST X-RAY. The treating physician

states that the patient was authorized for a hardware block. A hardware block is an injection of steroid/anesthetic medication that can eliminate the pain by reducing the swelling and inflammation near the hardware and the surgeon may decide to remove the patient's hardware based on the results of the injection. Hardware block injections do not require surgery. The patient was apprehensive about the procedure and was not sure if they wanted to follow through with the injection. In this case, the treating physician does not request a surgical procedure for hardware removal and there is no authorization for surgery found in the records provided. The ODG guidelines regarding chest radiography, states, "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." Recommendation is for authorization as this request is medically necessary.