

Case Number:	CM15-0107682		
Date Assigned:	06/12/2015	Date of Injury:	08/22/2014
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 32-year-old male with an industrial injury dated 08/22/2014. His diagnoses included sciatica and lumbago. Prior treatments included medications and diagnostics. He presents on 03/25/2015 with complaints of constant low back pain, which increases with walking and standing. Physical exam noted tenderness to palpation of lumbar 4-5 and lumbar 5-sacral 1 facet. There was full range of motion of the neck. MRI of the lumbar spine dated 03/07/2015 showed lumbar 3-lumbar 4, lumbar 4-lumbar 5, and lumbar 5-sacral 1 degenerative disc disease. Treatment plan included caudal lumbar epidural steroid injection and return in 3 weeks. The treatment request is for lumbar epidural steroid injection and pre-operative medical clearance to include complete blood count and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. There are no subjective complaints of radiculopathy and no objective signs on physical exam. Additionally, the levels requested for the epidural steroid injection is not documented in this request for ESI. The request for lumbar epidural steroid injection is not medically necessary.

Pre-operative medical clearance to include complete blood count (CBC) and urinalysis (UA): 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 Pre-operative testing peri-operative testing Perioperative protocol. Health care protocol. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: Per the cited guidelines, abnormal findings (noted on the preoperative basic health assessment) are results that require further evaluation to assess and optimize any surgical/anesthesia risk or cares. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing. Most laboratory and diagnostic tests (e.g., hemoglobin, potassium, coagulation studies, chest x-rays, electrocardiograms) are not routinely necessary unless a specific indication is present and may be beyond the scope of this protocol. Other abnormal findings, though relevant to the patient's general health, may not have any impact on the planned procedure or the timing of the procedure. Evaluation and management of these incidental findings should follow standard medical practice and are beyond the scope of the protocol. The injured worker is not reported to have significant history to support pre-operative testing. Additionally, the request for lumbar ESI is determined to not be medically necessary; therefore, there is no need for pre-operative testing. The request for pre-operative medical clearance to include complete blood count (CBC) and urinalysis (UA) is not medically necessary.