

Case Number:	CM15-0131088		
Date Assigned:	07/17/2015	Date of Injury:	02/24/2012
Decision Date:	08/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 54 year old female with a February 24, 2012 date of injury. A progress note dated May 21, 2015 documents subjective complaints (cervical spine pain; lower back pain; left hand/wrist pain; hand goes numb and feels very weak), objective findings (decreased range of motion of the lumbar spine; lumbar paraspinal tenderness with spasms; positive straight leg raise; hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature at the L5-S1 dermatome distribution; weakness in the big toe dorsiflexor and plantar flexor bilaterally; decreased range of motion of the cervical spine; positive foraminal compression and Spurling's tests; tenderness to palpation over the upper trapezius bilaterally), and current diagnoses (lumbar spine sprain/strain with herniated lumbar disc and symptoms of lower extremity radiculitis/radiculopathy; cervical spine sprain/strain, rule out herniated cervical disc with radiculopathy; right and left shoulder degenerative joint disease; symptoms of anxiety and depression; right and left knee sprain/strain; left wrist/ hand sprain/strain, partial triangular fibrocartilage tear and Avascular necrosis of ulnar articular surface of lunate). Treatments to date have included lumbar epidural steroid injection, medications, imaging studies, and physical therapy. The treating physician documented a plan of care that included a lumbar epidural steroid injection and blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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, ESI.

Decision rationale: The medical records report pain in radicular pattern with physical exam findings of radiculopathy positive spurling, positive foraminal compression, and sensory and motor loss in dermatomal distribution. However, there is no corroboration by EMG or neuroimaging formal report. ODG guidelines support ESI for patients with physical findings of radiculopathy corroborated by EMG and/or imaging. As the medical records do not demonstrate corroboration by EMG or neuroimaging, the medical records do not support a procedure of ESI. The request is not medically necessary.

Pre-Operative Lab: CBC: 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 - Lumbar & Thoracic (Acute & Chronic): Pre-operative lab testing (2015).

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, ESI.

Decision rationale: The medical records report pain in radicular pattern with physical exam findings of radiculopathy positive spurling, positive foraminal compression, and sensory and motor loss in dermatomal distribution. However, there is no corroboration by EMG or neuroimaging formal report. ODG guidelines support ESI for patients with physical findings of radiculopathy corroborated by EMG and/or imaging. As the medical records do not demonstrate corroboration by EMG or neuroimaging, the medical records do not support a procedure of ESI. As such pre-operative lab of CBC is not supported. The request is not medically necessary.

Pre-Operative Lab: PTT, PT/NR: 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 - Lumbar & Thoracic (Acute & Chronic): Pre-operative lab testing (2015).

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, ESI.

Decision rationale: The medical records report pain in radicular pattern with physical exam findings of radiculopathy positive spurling, positive foraminal compression, and sensory and motor loss in dermatomal distribution. However, there is no corroboration by EMG or neuroimaging formal report. ODG guidelines support ESI for patients with physical findings of

radiculopathy corroborated by EMG and/or imaging. As the medical records do not demonstrate corroboration by EMG or neuroimaging, the medical records do not support a procedure of ESI. As such pre-operative lab of PTT, PT/INR is not supported. The request is not medically necessary.

Pre-Operative Lab: Chem 7: 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 - Lumbar & Thoracic (Acute & Chronic): Pre-operative lab testing (2015).

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, ESI.

Decision rationale: The medical records report pain in radicular pattern with physical exam findings of radiculopathy positive spurling, positive foraminal compression, and sensory and motor loss in dermatomal distribution. However, there is no corroboration by EMG or neuroimaging formal report. ODG guidelines support ESI for patients with physical findings of radiculopathy corroborated by EMG and/or imaging. As the medical records do not demonstrate corroboration by EMG or neuroimaging, the medical records do not support a procedure of ESI. As such pre-operative lab of chem 7 is not supported. The request is not medically necessary.