

Case Number:	CM15-0143365		
Date Assigned:	08/04/2015	Date of Injury:	03/06/2013
Decision Date:	09/22/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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 41-year-old male with an industrial injury dated 03-06-2013. The injured worker's diagnoses include lumbago and lumbar radiculopathy. Comorbid conditions include obesity (BMI 34.45). Treatment consisted of surgery (08-04-2014 - right L5-S1 microdiscectomy), Magnetic Resonance Imaging (MRI) of lumbar spine, Electromyography (EMG) study which showed chronic right L5-S1 radiculopathy, prescribed medications, lumb ar epidural steroid injection (ESI) which did not help control patient's pain, physical therapy and periodic follow up visits. In December 2014, he had normal lab tests (CBC, CMP, UA, PT, PTT). In a progress note dated 04-30-2015, the injured worker reported continued pain in the right lower extremity and insomnia. Objective findings revealed positive right straight leg raise and decreased strength. Some documents within the submitted medical records are difficult to decipher. In a more recent progress note dated 06-04-2015. The injured worker reported continued right lower extremity and low back pain radiating down to foot. There was no objective findings documented on 06-04-2015. The treating physician prescribed services for peer-to-peer pre op medical clearance, right L5-S1 epidural injection under sedation, pre op Labs CBC, CMP, UA PT, and PTT, thyroid panel, TSH, lipid panel, pre-op chest X-ray and pre-op electrocardiogram, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEER TO PEER Pre Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): Chp 2 pg 21-2; Chp 5 pg 79, 89-90, 92.

Decision rationale: Decision on when to refer to another provider is based on the ability of the referring provider to manage the patient's disease. It relates to the provider's comfort point with the patient's medical situation and the provider's training to deal with that situation. The provider in this case has requested referral for pre-operative screening prior to an invasive procedure. Pre-operative medical screening is considered standard of care in order to prevent inadvertent injuries to the patient, to ensure stability of underlying disease states and/or identify subclinical disease, which may adversely affect the patient's health during or after the surgical procedure. The referral to another provider to do this evaluation is appropriate if the referring provider does not feel comfortable doing this evaluation. This is implied when a provider requests a referral. For this patient referral, for pre-operative evaluation would be appropriate if the patient had approved surgery. However, since the surgical procedure has not been approved, pre-operative clearance is not needed. Medical necessity for referral has not been established.

PEER TO PEER Right L5-S1 Epidural Injection under Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Epidural Steroid Injections (ESIs), updated 4/30/15, online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Chronic Regional Pain Syndrome (sympathetic and epidural blocks) Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities that will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS, the present recommendations are for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The American Society of Interventional Pain Physicians (ASIPP) found limited evidence for accuracy of diagnostic nerve blocks but recommends diagnostic selective nerve root blocks in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. Therapeutically, ASIPP noted good evidence for

use of epidural steroid injections for managing disc herniation or radiculitis; fair evidence for axial or discogenic pain without disc herniation, radiculitis or facet joint pain with caudal and lumbar interlaminar epidural injections, and limited evidence with transforaminal epidural injections. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. For this patient there is good documentation on history and examination of the radicular nature of the patient's symptoms, which is corroborated by MRI and electromyographic studies and good evidence that the patient is unresponsive to conservative therapy. However, the patient had a prior lumbar epidural steroid injection (LESI) which did not help relieve his symptoms. In this situation, a second LESI is not recommended. At this point in the care of this patient medical necessity for this procedure has not been established.

PEER TO PEER Pre Op Labs CBC, CMP, UA PT, PTT, Thyroid Panel, TSH, Lipid Panel, HBA1c: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 and Other Medical Treatment Guidelines Benarroch-Gampel J, Sheffield KM, Duncan CB, et al. Preoperative Laboratory Testing in Patients Undergoing Elective, Low-Risk Ambulatory Surgery. *Annals of surgery.* 2012; 256(3): 518-528.

Decision rationale: Testing of patients prior to a planned surgical procedure has become commonplace. It is done to ensure the procedure can be safely performed and to identify risks to the patient's health related to the surgical procedure. Although done before most procedures there is little medical evidence of the requirement to justify many of these tests, especially in low risk, elective outpatient procedures. The request for these tests for this patient is for evaluation prior to lumbar epidural steroid injection. This is a low risk, elective outpatient procedure. Similar lab tests within the last year were normal. Medical necessity for this testing has not been established.

PEER TO PEER Pre-Op Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 testing, general and Other Medical Treatment Guidelines American College of Radiology Appropriateness Criteria: Routine Admission and Preoperative Chest Radiography. 2000; last reviewed 2011.

Decision rationale: Testing of patients prior to a planned surgical procedure has become commonplace. It is done to ensure the procedure can be safely performed and to identify risks to the patient's health related to the surgical procedure. As noted in the Official Disability Guidelines and the American College of Radiology guidelines there is little medical evidence to justify pre-operative chest x-rays, especially in low risk, elective outpatient procedures with an asymptomatic history and physical. The request for this test for this patient is for evaluation

prior to lumbar epidural steroid injection. This is a low risk, elective outpatient procedure. The patient has an unremarkable past medical history. Medical necessity for this testing has not been established.

PEER TO PEER Pre-Op 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) Low Back: Preoperative testing, general and Other Medical Treatment Guidelines Feely MA, Collins CS, Daniels PR, Kebede EB, Jatoi A, Mauck KF. Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations. Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

Decision rationale: Testing of patients prior to a planned surgical procedure has become commonplace. It is done to ensure the surgical procedure can be safely performed and to identify risks to the patient's health related to the surgical procedure and thus direct therapy. Indications for preoperative electrocardiogram (ECG) are 1) patients undergoing high-risk surgeries such as cardiac or vascular surgery, and 2) patients undergoing intermediate risk surgery such as intraperitoneal or intrathoracic surgeries when there is associated history or risk of cardiovascular disease, pulmonary disease, renal disease, cerebrovascular disease or diabetes. There is little medical evidence to justify pre-operative ECG for low risk, elective outpatient procedures in a patient with an asymptomatic history and physical. The request for this test for this patient is for evaluation prior to lumbar epidural steroid injection. This is a low risk, elective outpatient procedure and the patient's history and physical puts him at low risk for a cardiovascular event related to the proposed procedure. The patient has an unremarkable past medical history. Medical necessity for this testing has not been established.