

Case Number:	CM15-0145333		
Date Assigned:	08/06/2015	Date of Injury:	10/31/2005
Decision Date:	09/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Physical Medicine & Rehabilitation

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 54 year old woman sustained an industrial injury on 10-31-2005. The mechanism of injury is not detailed. Diagnoses include lumbar disc herniation with radiculitis and spondylosis, segmental instability. Treatment has included oral medications and surgical intervention. Physician notes dated 5-14-2015 show complaints of lumbar spine pain with bilateral lower extremity pain rated 7-9 out of 10. The worker was administered a Toradol injection during this visit. Recommendations include electromyogram and nerve conduction studies of the bilateral lower extremities lumbar spine MRI, lumbar epidural steroid injection and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The patient was injured on 10/31/05 and presents with lumbar spine pain and bilateral leg pain. The request is for a LUMBAR EPIDURAL STEROID INJECTION (level not indicated). The RFA is dated 06/11/15 and the patient is to return to modified work on 06/25/15 with the following limitation or restriction: no lifting over 10 pounds. Review of the reports provided does not indicate if the patient had a prior lumbar ESI. MTUS Guidelines, Epidural Steroid Injections, page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient has a limited lumbar spine range of motion, a positive straight leg raise, and tenderness to palpation along the paraspinal musculature with spasms/tightness. She is diagnosed with lumbar disc herniation with radiculitis and spondylosis, segmental instability. Treatment to date includes oral medications and surgical intervention. The 05/26/15 report states that the patient has pain in the lumbar spine with radicular complaints in the lower extremities. The 11/13/12 MRI of the lumbar spine revealed that the patient had a 4.1 mm posterior-left paramedian disc protrusion L5-S1 associated with disc desiccation; 5.8 mm posterior disc protrusion L4-5 associated with disc desiccation, facet joint effusions on the right at L5-S1, bilateral L4-5 and L3-4 consistent with strain, inflammation or facet joint syndrome. Review of the reports does not indicate if the patient had a prior ESI of the lumbar spine. Given that the patient has a 5.8 mm posterior disc protrusion at L4-5, a trial of lumbar ESI appears reasonable. Therefore, the requested lumbar epidural steroid injection IS medically necessary.

Preoperative Lab Work: 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), Criteria for Preoperative Testing.

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 - Lumbar & Thoracic Chapter, under Preoperative lab testing.

Decision rationale: The patient was injured on 10/31/05 and presents with lumbar spine pain and bilateral leg pain. The request is for a PREOPERATIVE LAB WORK CBC. The RFA is dated 06/11/15 and the patient is to return to modified work on 06/25/15 with the following limitation or restriction: no lifting over 10 pounds. Review of the reports provided does not indicate if the patient has had prior lab testing done. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, Preoperative lab testing has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are

appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Criteria for Preoperative lab testing:- Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material.- Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management.- A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated.- Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." The patient is diagnosed with lumbar disc herniation with radiculitis and spondylosis, segmental instability. Treatment to date includes oral medications and surgical intervention. In regard to the preoperative blood labs, presumably to identify potential risk factors, the provider has not specified a reason for the request. In this case, the documentation provided does not indicate that this patient is anticipating any surgeries. Without evidence of upcoming surgeries or a clear rationale as to why such testing is required, this request cannot be substantiated. Furthermore, this lab is not indicated prior to ESI. The request IS NOT medically necessary.

Preoperative Lab Work: PITT: 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), Criteria for Preoperative Testing.

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 - Lumbar & Thoracic Chapter, under Preoperative lab testing.

Decision rationale: The patient was injured on 10/31/05 and presents with lumbar spine pain and bilateral leg pain. The request is for a PREOPERATIVE LAB WORK PTT. The RFA is dated 06/11/15 and the patient is to return to modified work on 06/25/15 with the following limitation or restriction: no lifting over 10 pounds. Review of the reports provided does not indicate if the patient has had prior lab testing done. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, Preoperative lab testing has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Criteria for Preoperative lab testing:- Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign

material.- Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management.- A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated.- Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." The patient is diagnosed with lumbar disc herniation with radiculitis and spondylosis, segmental instability. Treatment to date includes oral medications and surgical intervention. In regard to the preoperative blood labs, presumably to identify potential risk factors, the provider has not specified a reason for the request. In this case, the documentation provided does not indicate that this patient is anticipating any surgeries. Without evidence of upcoming surgeries or a clear rationale as to why such testing is required, this request cannot be substantiated. Furthermore, this lab is not indicated prior to ESI. The request IS NOT medically necessary.

Preoperative Lab Work: PT/INR: 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), Criteria for Preoperative Testing.

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 - Lumbar & Thoracic Chapter, under Preoperative lab testing.

Decision rationale: The patient was injured on 10/31/05 and presents with lumbar spine pain and bilateral leg pain. The request is for a PREOPERATIVE LAB WORK PT/INR. The RFA is dated 06/11/15 and the patient is to return to modified work on 06/25/15 with the following limitation or restriction: no lifting over 10 pounds. Review of the reports provided does not indicate if the patient has had prior lab testing done. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, Preoperative lab testing has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Criteria for Preoperative lab testing:- Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material.- Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is

recommended only if the result would change perioperative management.- A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated.- Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants." The patient is diagnosed with lumbar disc herniation with radiculitis and spondylosis, segmental instability. Treatment to date includes oral medications and surgical intervention. In regard to the preoperative blood labs, presumably to identify potential risk factors, the provider has not specified a reason for the request. In this case, the documentation provided does not indicate that this patient is anticipating any surgeries. Without evidence of upcoming surgeries or a clear rationale as to why such testing is required, this request cannot be substantiated. Furthermore, this lab is not indicated prior to ESI. The request IS NOT medically necessary.

Preoperative Lab Work: 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), Criteria for Preoperative Testing.

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 - Lumbar & Thoracic Chapter, under Preoperative lab testing.

Decision rationale: The patient was injured on 10/31/05 and presents with lumbar spine pain and bilateral leg pain. The request is for a PREOPERATIVE LAB WORK CHEM 7. The RFA is dated 06/11/15 and the patient is to return to modified work on 06/25/15 with the following limitation or restriction: no lifting over 10 pounds. Review of the reports provided does not indicate if the patient has had prior lab testing done. ODG Guidelines, Low Back - Lumbar & Thoracic Chapter, Preoperative lab testing has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Criteria for Preoperative lab testing:- Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material.- Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure.- Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus.- In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management.- A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated.- Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those

taking anticoagulants." The patient is diagnosed with lumbar disc herniation with radiculitis and spondylosis, segmental instability. Treatment to date includes oral medications and surgical intervention. In regard to the preoperative blood labs, presumably to identify potential risk factors, the provider has not specified a reason for the request. In this case, the documentation provided does not indicate that this patient is anticipating any surgeries. Without evidence of upcoming surgeries or a clear rationale as to why such testing is required, this request cannot be substantiated. Furthermore, this lab is not indicated prior to ESI. The request IS NOT medically necessary.

Preoperative Lab Work: UA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The patient was injured on 10/31/05 and presents with lumbar spine pain and bilateral leg pain. The request is for a PREOPERATIVE LAB WORK UA. The RFA is dated 06/11/15 and the patient is to return to modified work on 06/25/15 with the following limitation or restriction: no lifting over 10 pounds. Review of the reports provided does not indicate if the patient had a recent urinalysis. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders."The patient is diagnosed with lumbar disc herniation with radiculitis and spondylosis, segmental instability. Treatment to date includes oral medications and surgical intervention. As of 05/26/15, the patient is taking Prilosec, Norco, Ambien, and Neurontin. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on Norco. Monitoring of the opiate with once yearly UDS is recommended per guidelines. Therefore, the requested urine drug screen IS medically necessary.