

<b>Case Number:</b>	CM15-0180096		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, 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 injured worker is a 37 year old female, who sustained an industrial injury on 10-17-2011. The injured worker was diagnosed as having herniated cervical disc migraine headaches. On medical records dated 07-29-2015 and 05-08-2015, subjective complaints were noted as migraine headaches. Activities of daily living were noted to increase pain. Cervical epidural spine injections were noted to provide transient relief to pain and symptoms in the past. Pain was rated a 5-8 out of 10. The objective findings were noted as cervical spine to have tightness and spasm in trapezius, sternocleidomastoid, straps muscles on right and left. A positive foraminal compression test was noted as well as Spurling's test. Cervical range of motion was noted as forward flexion 50 degrees, extension 50 degrees, rotation right 65 degrees, left 65 degrees, lateral bending right 30 degrees, and left 30 degrees. The injured worker underwent diagnostic imaging on 06-30-2015 which revealed C4-C5 disc level straightening of the cervical curvature compatible with cervical myositis, tear of the inferior annulus of the nucleus pulposus and downward extrusion of the nucleus pulposus indenting in the anterior portion of the cervical subarachnoid space causing mild decrease in the AP sagittal diameter of the cervical-canal. Treatment to date included medication and cervical epidural injections. The Utilization Review (UR) was dated 08-28-2015. A Request for Authorization was dated 07-29-2015. The UR submitted for this medical review indicated that the request for cervical epidural steroid injections at C4-C5, pre-injections internal medicine clearance, laboratory studies and pre-injection consultation were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical ESI (epidural steroid injection) at C4-C5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Epidural Steroid Injection.

**Decision rationale:** Regarding the request for repeat cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ODG states that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. They go on to state that if there is a documented exception to guidelines, they may be performed, provided they are not done at higher than C6-7 level, cervical interlaminar injections are not recommended, and particulate steroids should not be used. Diagnostic epidurals may be performed when diagnostic imaging is ambiguous. Within the documentation available for review, the requesting physician has not identified why the patient would be an exception to guideline recommendations against Cervical ESI. If there is a reason why the patient would be an exception, there remains no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, and no documentation of failed conservative treatment. Additionally, there is no documentation that the procedure will be performed without particulate steroid, and using a non-interlaminar approach. Finally, it appears this patient has undergone a cervical epidural steroid injection previously, and there is no indication that the patient has had significant analgesic efficacy and objective functional improvement for at least 6 to 8 weeks as recommended by guidelines. In the absence of such documentation, the currently requested repeat cervical epidural steroid injection is not medically necessary.

### **Pre-injections Internal medicine clearance: 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) Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

**Decision rationale:** Regarding the request for Pre-injections Internal medicine clearance, guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for

preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things have been documented, and the associated medical procedure has not met the burden of medical necessity. In the absence of such documentation, the currently requested Pre-injections Internal medicine clearance is not medically necessary.

**Labs: CBC (Complete Blood Count): 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) Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

**Decision rationale:** Regarding the request for Labs: CBC (Complete Blood Count), guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things have been documented, and the associated medical procedure has not met the burden of medical necessity. In the absence of such documentation, the currently requested Labs: CBC (Complete Blood Count) is not medically necessary.

**Labs: SMAC 7: 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) Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

**Decision rationale:** Regarding the request for Labs: SMAC 7, guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things have been documented, and the associated medical procedure has not met the burden of medical necessity. In the absence of such documentation, the currently requested Labs: SMAC 7 is not medically necessary.

**Labs: PT, PTT:** 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) Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

**Decision rationale:** Regarding the request for Labs: PT, PTT, guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things have been documented, and the associated medical procedure has not met the burden of medical necessity. In the absence of such documentation, the currently requested Labs: PT, PTT is not medically necessary.

**UA (urinalysis):** 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) Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

**Decision rationale:** Regarding the request for UA (urinalysis), guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things have been documented, and the associated medical procedure has not met the burden of medical necessity. In the absence of such documentation, the currently requested UA (urinalysis) is not medically necessary.

**Pre-injection consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Epidural Steroid Injection.

**Decision rationale:** Regarding the request for Pre-injection consultation, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ODG states that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. They go on to state that if there is a documented exception to guidelines, they may be performed, provided they are not done at higher than C6-7 level, cervical interlaminar injections are not recommended, and particulate steroids should not be used. Diagnostic epidurals may be performed when diagnostic imaging is ambiguous. Within the documentation available for review, the requesting physician has not identified why the patient would be an exception to guideline recommendations against Cervical ESI. If there is a reason why the patient would be an exception, there remains no recent

subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy, and no documentation of failed conservative treatment. Additionally, there is no documentation that the procedure will be performed without particulate steroid, and using a non-interlaminar approach. Finally, it appears this patient has undergone a cervical epidural steroid injection previously, and there is no indication that the patient has had significant analgesic efficacy and objective functional improvement for at least 6 to 8 weeks as recommended by guidelines. In the absence of such documentation, the currently requested Pre-injection consultation is not medically necessary.