

Case Number:	CM15-0189530		
Date Assigned:	10/12/2015	Date of Injury:	12/07/1982
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 53 year old female with a date of injury on 12-07-82. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain, right knee, anxiety and depression. Most recent progress report dated 7-23-15 reports continued complaints of lower back pain that radiates into the legs. The pain is rated 10 out of 10. The pain is aggravated by prolonged posture, lifting, pushing, pulling or climbing. Objective findings: lumbar spine has decreased range of motion with flexion, extension and bending left and right and the lumbar para-spinal musculature is tender to palpation and positive straight leg raise test. MRI of the lumbar spine reveals disc herniation at L2-3 of 3 mm and L3-4 of 2 mm. According to the medical records provided treatments include: medication, Lidoderm patch and torodol injections. Request for authorization dated 9-9-15 was made for Epidural steroid injection at L4-5 and L5-S1 with duramorph and epidurogram with procedure modification, pre-op lab work and orthopedic surgeon consultation. Utilization review dated 9-16-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, lumbar L4-L5, L5-S1 (sacroiliac) with duramorph and epidurogram with procedure modification: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore, the determination is for non-certification. The request is not medically necessary.

Orthopedic surgeon consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

Decision rationale: CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. There is no evidence in the cited records of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or orthopedic surgery specialist. Therefore, the cited guidelines criteria have not been met and determination is non-certification. The request is not medically necessary.

Preoperative lab work: 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 - Epidural steroid injection; Preoperative testing, general; Preoperative lab 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 / preoperative testing.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of preoperative lab testing. The ODG-TWC low back section was therefore referenced. Pre-op lab testing is 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 (i.e., new tests ordered, referral to a specialist or surgery postponement). 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. In this case there is surgery scheduled. The proposed ESI is not medically necessary. Thus, the preoperative labs are not medically necessary.