

Case Number:	CM15-0193982		
Date Assigned:	10/14/2015	Date of Injury:	08/24/2005
Decision Date:	12/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 61 year old female who sustained an industrial injury August 24, 2005. Past history included status post removal of prior instrumentation at C4-C7 along with an anterior cervical discectomy and fusion C3-C4 July 31, 2014 and status post revision of cervical fusion C3-4 September 11, 2014. On April 22, 2015, she underwent an L5-S1 intralaminar catheter-based epidural injection, epidurogram and interpretation-post-operative diagnosis; lumbar disk herniation with resultant leg radiculopathy. According to the most recent physician's progress report dated July 21, 2015, the injured worker presented for follow-up. She reported significant back pain, rated 3 out of 10 at rest and 6 out of 10 with activity, leg radiculopathies and neurogenic claudication with numbness and weakness in both legs. She cannot walk more than a block at a time. Her cervical spine has substantial improvement, noted 70% and pain level has no radiculopathies, rated 2 out of 10 at rest and 4 out of 10 with activity. No physical examination was documented. Treatment plan included discussion of an interlaminar epidural injection and a return visit in three months. At issue, is the request for authorization for a lumbar epidural injection L5-S1 interlaminar epidural injection with medical clearance; labs and EKG (electrocardiogram). According to utilization review dated September 22, 2015, the requests for Lumbar Epidural Injection: L5-S1 interlaminar epidural injection and Medical Clearance (labs EKG) are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection: L5-S1 interlaminar epidural injection: Upheld

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

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per the California MTUS Chronic Pain Treatment Guidelines, epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Per MTUS criteria, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient has not been demonstrated to having radiculopathy present on imaging. Results of an EMG supporting the patient's neurologic complaints are also not documented. Hence, the procedure is not indicated by MTUS guidelines. Therefore, based on the submitted medical documentation, the request for an epidural steroid injection is not medically necessary. Criteria for Epidural Injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); 3) Injections should be performed using fluoroscopy (live x-ray) for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007); 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The request is not medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Preoperative Lab Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of pre-operative medical clearance for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of medical clearance.

According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient was denied authorization for epidural steroid injection, therefore, medical clearance for the procedure is not necessary. Thus, based on the submitted medical documentation, medical necessity for pre-operative medical clearance has not been established. The request is not medically necessary.

Pre-op labs: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of preoperative lab testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "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." A review of the medical documentation provided demonstrates that this patient has not been authorized to receive approval for epidural steroid injection. Thus, pre-op labs are not necessary. Therefore, based on the submitted medical documentation, medical necessity for preoperative lab testing has not been established. The request is not medically necessary.

Pre-op EKG: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative Lab Testing.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of EKG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative EKG is: "Necessary for patients undergoing high or intermediate risk surgical procedures." Epidural steroid injection is a routine, ambulatory

and low risk procedure; EKG is not indicated per ODG guidelines. Furthermore, testing is not warranted since the requested procedure has been denied authorization. Thus, based on the submitted medical documentation, medical necessity for EKG testing has not been established. The request is not medically necessary.