

Case Number:	CM15-0199307		
Date Assigned:	10/14/2015	Date of Injury:	08/14/2013
Decision Date:	12/17/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 55 year old male, who sustained an industrial injury on 8-14-2013. Medical records indicate the worker is undergoing treatment for sciatica and lumbar disc displacement. A progress note dated 3-19-2015 shoed the injured worker reported low back pain that was unbearable. A recent progress report dated 9-4-2015, reported the injured worker complained of lumbar and buttock pain rated 7-8 out of 10. Physical examination revealed symptoms of lumbar radiculopathy, positive straight leg raise test bilaterally and walks with a limp favoring his left with sciatic tenderness. Treatment to date has included medication management. The physician is requesting Epidural Steroid Injection at L5-S1 (Caudal Approach with monitored anesthesia care for the lumbar spine) and preoperative tests: CBC, CMP, UA, PTT-PT, TSH and EKG. On 9-10-2015, the Utilization Review noncertified the request for Epidural Steroid Injection at L5-S1 (Caudal Approach with monitored anesthesia care for the lumbar spine) and preoperative tests: CBC, CMP, UA, PTT-PT, TSH and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L5-S1 (Caudal Approach with monitored anesthesia care for the lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical record does contain documentation of radiculopathy which is corroborated by imaging studies at L4-5 and L5-S1 bilaterally. I am reversing the previous utilization review decision. Epidural Steroid Injection at L5-S1 (Caudal Approach with monitored anesthesia care for the lumbar spine) is medically necessary.

Pre-op CBC (complete blood count): 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) Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter- Pre-operative 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of the above criteria. In addition, a lumbar epidural steroid injection does not typically require an extensive preoperative workup. There is no documentation explaining the need to perform testing outside the Guidelines. Pre-op CBC (complete blood count) is not medically necessary.

Pre-op CMP (comprehensive metabolic panel): 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) Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter- Pre-operative 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before

surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of the above criteria. In addition, a lumbar epidural steroid injection does not typically require an extensive preoperative workup. There is no documentation explaining the need to perform testing outside the Guidelines. Pre-op CMP (comprehensive metabolic panel) is not medically necessary.

Pre-op UA (urinalysis): 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) Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter- Pre-operative 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of the above criteria. In addition, a lumbar epidural steroid injection does not typically require an extensive preoperative workup. There is no documentation explaining the need to perform testing outside the Guidelines. Pre-op UA (urinalysis) is not medically necessary.

Pre-op PT, PTT (prothrombin time, partial thrombolplastin time): 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) Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter- Pre-operative 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of the above criteria. In addition, a lumbar epidural steroid injection does not typically require an extensive preoperative workup. There is no documentation explaining the need to perform testing outside the Guidelines. Pre-op PT, PTT (prothrombin time, partial thrombolplastin time) is not medically necessary.

Pre-op TSH (thyroid stimulating hormone): 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) Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter- Pre-operative 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 - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of the above criteria. In addition, a lumbar epidural steroid injection does not typically require an extensive preoperative workup. There is no documentation explaining the need to perform testing outside the Guidelines. Pre-op TSH (thyroid stimulating hormone) is not medically necessary.

Pre-op EKG (electrocardiogram): 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) Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter- Pre-operative EKG.

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 (Acute & Chronic), Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of the above criteria. In addition, a lumbar epidural steroid injection does not typically require an extensive preoperative workup. There is no documentation explaining the need to perform testing outside the Guidelines. Pre-op EKG (electrocardiogram) is not medically necessary.