MAXIMUS Federal Services

| Case Number: | CM15-0215184 | | |
|---|---|---|---|
| Date Assigned: | 11/05/2015 | Date of Injury: | 06/12/2014 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 11/02/2015 |

## 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: California
Certification(s)/Specialty: Internal 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 39 year old male, who sustained an industrial-work injury on 6-12-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation with annular tear, right leg lumbar radiculitis and lumbar protrusion. There is history of hypertension. Treatment to date has included pain medication Tramadol, Norco, diagnostics, physical therapy, work hardening, acupuncture, chiropractic, and other modalities. Medical records secondary treating physician dated 9-17-15 indicate that the injured worker complains of low back pain with right leg radicular complaints of pain, numbness and tingling. The physician indicates continued deterioration in his condition with increased severity and frequency of complaints. Per the treating physician report dated 9-17-15 the injured worker has returned to work full duties. The physical exam reveals lumbar tenderness to palpation at the iliac crest and inferior, sitting straight leg raise is positive bilaterally, and pain, numbness and tingling are localized to the right L5 dermatome. There are no motor or sensory deficits noted. The physician indicates that he would like to precede with lumbar epidural steroid injection (ESI) right L5-S1. The medical records do not document a history of bleeding or medical conditions that predispose to bleeding. The requested service included Prothrombin time (PT) and partial thromboplastin time (PTT). The original Utilization review dated 10-2-15 non- certified the request for Prothrombin time (PT) and partial thromboplastin time (PTT).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prothrombin time (PT) and partial thromboplastin time (PTT):** Overturned

**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 - Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7768 and version 20.0.

**Decision rationale:** Serious complications of epidural steroid injection are rare and may include dural puncture, infection, or bleeding. There is also a possible modest increase in vertebral fracture risk associated with each injection due to increased risk of bone fragility. Contaminated medication may result in severe infection. Although serious complications of this procedure are rare, bleeding is a potential complication. However, this could be catastrophic and result in neurological compromise and possibly loss of significant motor or sensory function. Therefore, I believe it is medically necessary and appropriate to screen for any undetected bleeding diathesis in the patient with these blood tests. The UR decision is overturned.