

<b>Case Number:</b>	CM14-0185189		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 45-year-old male presenting with work-related injury on May 4, 2009. On October 22, 2014 the physical exam was significant for antalgic gait without the use of assistive device, tenderness at the paravertebral thoracic muscle and spinous process, restricted range of motion with flexion limited to 60 in the lumbar spine and extension limited to 5 in the lumbar spine, paravertebral muscle tenderness bilaterally, positive straight leg raise, ankle jerk 1/4 bilaterally, patella jerk two out of four bilaterally, left wrist in splint. MRI of the lumbar spine revealed L4/5 posterior annular tear causing mild to moderate left and mild right foraminal stenosis. The patient was treated with epidural steroid injections in 2009 and 2010 with mild relief, physical therapy, acupuncture, and chiropractor therapy with mild relief. The patient reported that medications help with his pain, bringing his pain level from 8/10 to 5/10. A claim was made for lab work and a lumbar transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lab serum AST &ALT and renal panel/kidney/liver:** 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), Low Back Complaint, Pre-operative Testing, General

**Decision rationale:** 1Llab serum AST &ALT and renal panel/kidney/liver is not medically necessary. Medical Clearance, and EKG is medically necessary with the exception of the UA. According to the medical records, this test was ordered for monitoring because the patient is on Hydrocodone/Acetaminophen. It is medically necessary to perform these labs and obtain medical clearance prior to surgery or if signs or symptoms as well as co-morbid conditions are present. ODG states that preoperative testing (e.g, chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigation can be helpful to stratify risk, dire anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The patient does not present with signs or symptoms warranting liver and kidney labs. Additionally, the patient does not have any co-morbid conditions requiring monitoring of these labs because the patient is taking Hydrocodone/Acetaminophen. Long term use of this medication is no recommended; therefore, the requested service is not medically necessary.

**Transforaminal LESI (lumbar epidural steroid injection) site L3-L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

**Decision rationale:** Transforaminal LESI (lumbar epidural steroid injection) site L3-L4 is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam consistent with radicular pain as there was a positive straight leg raise. The MRI result, however, was not corroborating. The patient had two epidural steroid injections in the past with only mild relief. Given that there were

no corroborating imaging studies, and there was a lack of response with the previous epidural steroid injection, the requested services is not medically necessary.