

Case Number:	CM14-0066631		
Date Assigned:	07/11/2014	Date of Injury:	01/01/2010
Decision Date:	08/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 60-year-old female who reported an injury on 01/01/2010 due to cumulative trauma. On 01/09/2014, the injured worker presented with continued pain to the low back and knee. Upon examination of the lumbar spine, there was decreased range of motion, tenderness to palpation over the lumbar paraspinal musculature with paraspinal spasms and tightness. There was also positive straight leg raise. On 04/21/2010, MRI of the lumbar spine revealed mild spinal canal narrowing and mild neural foraminal narrowing from L3 to L5. Prior treatment included medications. The provider recommended a lumbar ESI for L3-4 and L4-5, a CBC, a PT/INR, and a basic metabolic panel, and a PTT. The provider's rationale was not provided. The request for authorization form was dated 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend ESI as an option for treatment for radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts including a home exercise program. There is no information on improved function. The criteria for use of an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. Physical exam revealed a positive straight leg raise and tenderness to palpation over the lumbar paraspinal musculature and paraspinal spasm and tightness. There is lack of documentation of which side or sides were positive. Further clarification is needed to address motor strength and sensory deficits. Additionally, the provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. As such, the request for Lumbar epidural steroid injection at L3-L4 is not medically necessary and appropriate.

Lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for Lumbar epidural steroid injection at L4-L5 is non-certified. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts including a home exercise program. There is no information on improved function. The criteria for use of an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. Physical exam revealed a positive straight leg raise and tenderness to palpation over the lumbar paraspinal musculature and paraspinal spasm and tightness. There is lack of documentation of which side or sides were positive. Further clarification is needed to address motor strength and sensory deficits. Additionally, the provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. As such, the request is non-certified.

Blood count complete (CBC), pre-operative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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 Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young injured worker with low surgical risk, with little or no

interference in preoperative management. Laboratory testing, 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 injured worker's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if injured worker's with abnormal tests who have a preoperative modified approach. The medical documentation provided for review lack evidence of a high surgical risk or physical exam findings which would be indicative of preoperative lab testing. It is unclear when the laboratory monitoring was last performed for the injured worker. As such, the request for blood count complete (CBC), pre-operative is not medically necessary and appropriate.

Prothrombin time, pre-operative, (PT/INR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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 Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young injured worker with low surgical risk, with little or no interference in preoperative management. Laboratory testing, 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 injured worker's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate for injured workers with abnormal tests who have a preoperative modified approach. The medical documentation provided for review lack evidence of a high surgical risk or physical exam findings which would be indicative of preoperative lab testing. It is unclear when the laboratory monitoring was last performed for the injured worker. As such, the request for Prothrombin time, pre-operative, (PT/INR) is not medically necessary and appropriate.

Thomboplastin time, partial (PTT), pre-operative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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 Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young injured worker with low surgical risk, with little or no interference in preoperative management. Laboratory testing, 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 injured worker's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate for injured workers

with abnormal tests who have a preoperative modified approach. The medical documents provided for review lack evidence of a high surgical risk or physical exam findings which would be indicative of preoperative lab testing. It is unclear when the laboratory monitoring was last performed for the injured worker. As such, the request for Thomboplastin time, partial (PTT), pre-operative is not medically necessary and appropriate.

Basic metabolic panel (calcium, total), pre-operative, Chem-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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 Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young injured worker with low surgical risk, with little or no interference in preoperative management. Laboratory testing, 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 injured worker's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate for injured workers with abnormal tests who have a preoperative modified approach. The medical documents provided for review lack evidence of a high surgical risk or physical exam findings which would be indicative of preoperative lab testing. It is unclear when the laboratory monitoring was last performed for the injured worker. As such, the request for basic metabolic panel (calcium, total), pre-operative, Chem-7 is not medically necessary and appropriate.