

Case Number:	CM14-0213491		
Date Assigned:	12/31/2014	Date of Injury:	08/19/2013
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old male with a 8/19/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/7/14 noted subjective complaints of low back pain radiating down his buttocks and legs. Objective findings included good flexion and extension of lumbar spine with extremes causing low back pain. There was good strength throughout his lower extremities. MRI of the Lumbar spine on 8/20/14 showed compression fracture at L4 and moderate foraminal stenosis bilaterally at L4-L5 and L5-S1. Diagnostic Impression: Lumbar spinal stenosis, L4 compression fracture Treatment to Date: medication management, physical therapy A UR decision dated 11/21/14 denied the request for Pre-op labs CBC, PT/PTT/Bleeding time, EKG. Since an ESI is not indicated, preoperative workup is not indicated. It also denied TESI with fluoroscopy at L4-5. Clinical findings on physical examination are not consistent with an objective focal neurologic deficit in a dermatomal or myotomal pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op labs: CBC PT/PTT/Bleeding Time EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement. Preoperative Evaluation, 2008 Jul. 32 p.

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) Chapter - Preoperative EKG and Lab testing Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: CA MTUS does not address the issue. ODG states that pre-op testing 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. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, since the requested lumbar ESI was not certifiable, preoperative risk stratification is not certifiable. Therefore, the request for Pre op labs: CBC PT/PTT/Bleeding Time EKG was not medically necessary.

TESI with fluoroscopy at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The MRI of the lumbar spine does demonstrate moderate foraminal stenosis at L4-5 and L5-S1. However, there is no documentation of a physical exam with neurological findings consistent with an objective radiculopathy. Therefore, the request for TESI with fluoroscopy at L4-5 was not medically necessary.

