

<b>Case Number:</b>	CM15-0019053		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: New York

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 male patient, who sustained an industrial injury on 04/17/2012. A primary treating office visit dated 12/18/2014 reported subjective complaint of cervical and lumbar spine pains. He also complained of difficulty sleeping. A request was made for a cervical epidural steroid injection at C4-5, C5-6; lumbar epidural steroid injection at L4-5, L5-S1 and pre-operative clearance laboratory work up, urinalysis. On 01/27/2015, Utilization Review, non-certified the request, noting the CA MTUS, Epidural Steroid Injections and the ODG, Pre-operative medical clearance were cited. The injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection at C4-C5 and C5-C6: 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 injections (ESIs) Page(s): 46.

**Decision rationale:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complains of chronic neck pain. Physician reports fail to show objective findings of radiculopathy to support the medical necessity for cervical spine epidural injection. The request for Cervical epidural steroid injection at C4-C5 and C5-C6 is not medically necessary by MTUS.

**Lumbar epidural steroid injection at L4-L5 and L5-S1:** 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 injections (ESIs) Page(s): 46.

**Decision rationale:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complains of chronic low back pain. Physician reports indicate objective physical examination finding of radiculopathy, however, documentation fails to show corroborating imaging report to support the medical necessity of an epidural steroid injection. The request for Epidural Steroid Injection is not medically necessary by MTUS.

**Pre-op lab: complete blood count (CBC):** 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) TWC, Preoperative testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** Per ODG, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant preoperative blood loss is anticipated.

With the request for Epidural Steroid injection not being medically necessary, the request for pre-op labs is also not indicated. The request for complete blood count (CBC) is not medically necessary per guidelines.

**Pre-op lab: partial thromboplastin time (PTT): 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) TWC, Preoperative testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** Per ODG, Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. With the request for Epidural Steroid injection not being medically necessary, the request for pre-op labs is also not indicated. The request for Pre-op lab: partial thromboplastin time (PTT) is not medically necessary per guidelines.

**Pre-op lab: urinalysis (UA): 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) TWC, Preoperative testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** Per ODG, preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. With the request for Epidural Steroid injection not being medically necessary, the request for pre-op labs is also not indicated. The request for Pre-op lab: urinalysis (UA) is not medically necessary per guidelines.

**Pre-op lab: prothrombin time (PT/INR): 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) TWC, Preoperative testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** Per ODG, Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. With the request for Epidural Steroid injection not being medically necessary, the request for pre-op labs is also not indicated. The request for Pre-op lab: prothrombin time (PT/INR) is not medically necessary per guidelines.

**Pre-op lab: chem 7:** 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) TWC, Preoperative testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

**Decision rationale:** Per ODG, Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. With the request for Epidural Steroid injection not being medically necessary, the request for pre-op labs is also not indicated. The request for Pre-op lab: chem 7 is not medically necessary per guidelines.