

Case Number:	CM15-0110868		
Date Assigned:	06/19/2015	Date of Injury:	01/03/2012
Decision Date:	10/06/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational 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 57-year-old male who sustained an industrial injury on 01/03/2012. Current diagnoses include lumbar degenerative disc disease and lumbar facet arthropathy. Previous treatments included medication management, cortisone injection, and physical therapy. Initial injuries occurred to the low back when he was hanging a sales sign and upon standing it felt like the low back locked up and had immediate pain in the low back. Report dated 03/11/2015 noted that the injured worker presented with complaints that included low back pain. Pain level was 8 out of 10 on a visual analog scale (VAS). Medication regimen includes Naproxen and hydrocodone. Physical examination was positive for tenderness to palpation in the lumbar spine at the midline and paraspinal area, and positive facet loading test bilaterally. The treatment plan included return to clinic in 4 weeks, and requests for right side lumbar facet injection at L3-L4, right side lumbar facet injection at L4-L5, right side lumbar facet injection at L5-S1. Disputed treatments include right side lumbar facet injection at L3-L4, right side lumbar facet injection at L4-L5, right side lumbar facet injection at L5-S1, medical clearance, chest x-ray, EKG, CBC, CMP, urinalysis, and PT/PTT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side lumbar facet injection at L3-L4: Upheld

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.

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), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Right side lumbar facet injection at L3-L4 is not medically necessary.

Right side lumbar facet injection at L4-L5: Upheld

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.

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), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Right side lumbar facet injection at L4-L5 is not medically necessary.

Right side lumbar facet injection at L5-S1: Upheld

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.

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), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Right side lumbar facet injection at L5-S1 is not medically necessary.

Medical clearance: 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 Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Fifth Edition, March 2014 Pages 13-22.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Guidelines, preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. Routine preoperative testing before low-risk surgical procedures should not be performed. Preoperative testing for low-risk surgical procedures (such as cataract extraction) results in unnecessary delays and adds to significant avoidable costs and should be eliminated. There is no documentation of specific indication for the preoperative testing. Medical clearance is not medically necessary.

Chest x-ray: 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 Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Fifth Edition, March 2014 Pages 13-22.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Guidelines, preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. Routine preoperative testing before low-risk surgical procedures should not be performed. Preoperative testing for low-risk surgical procedures (such as cataract extraction) results in unnecessary delays and adds to significant avoidable costs and should be eliminated. There is no documentation of specific indication for the preoperative testing. Chest x-ray is not medically necessary.

EKG: 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 Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Fifth Edition, March 2014 Pages 13-22.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Guidelines, preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. Routine preoperative testing before low-risk surgical procedures should not be performed. Preoperative testing for low-risk surgical procedures (such as cataract extraction) results in unnecessary delays and adds to significant avoidable costs and should be eliminated. There is no documentation of specific indication for the preoperative testing. EKG is not medically necessary.

CBC: 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 Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Fifth Edition, March 2014 Pages 13-22.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Guidelines, preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. Routine preoperative testing before low-risk surgical procedures should not be performed. Preoperative testing for low-risk surgical procedures (such as cataract extraction) results in unnecessary delays and adds to significant avoidable costs and should be eliminated. There is no documentation of specific indication for the preoperative testing. CBC is not medically necessary.

CMP: 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 Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Fifth Edition, March 2014 Pages 13-22.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Guidelines, preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. Routine preoperative testing before low-risk surgical procedures should not be performed. Preoperative testing for low-risk surgical procedures (such as cataract extraction) results in unnecessary delays and adds to significant avoidable costs and should be eliminated. There is no documentation of specific indication for the preoperative testing. CMP is not medically necessary.

Urinalysis: 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 Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Fifth Edition, March 2014 Pages 13-22.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Guidelines, preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. Routine preoperative testing before low-risk surgical procedures should not be performed. Preoperative testing for low-risk surgical procedures (such as cataract extraction) results in unnecessary delays and adds to significant avoidable costs and should be eliminated. There is no documentation of specific indication for the preoperative testing. Urinalysis is not medically necessary.

PT/PTT: 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 Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Fifth Edition, March 2014 Pages 13-22.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Guidelines, preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. Routine preoperative testing before low-risk surgical procedures should not be performed. Preoperative testing for low-risk surgical procedures (such as cataract extraction) results in unnecessary delays and adds to significant avoidable costs and should be eliminated. There is no documentation of specific indication for the preoperative testing. PT/PTT is not medically necessary.