

Case Number:	CM15-0146862		
Date Assigned:	08/07/2015	Date of Injury:	09/24/2014
Decision Date:	10/05/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/28/2015

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: Emergency 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 54 year old female who sustained an industrial injury on 9-24-2014. She slipped and fell on a ramp with her right leg forward and fell on her buttocks. She has reported injury to the lumbar spine, right knee, and right foot and has been diagnosed with status post right knee scope arthroscopic surgery, medial meniscectomy and lumbar spine strain sprain, rule radiculitis-radiculopathy, right greater than left, secondary to herniated lumbar disc. Treatment has included surgery, medications, physical therapy, and medical imaging. On examination of the right knee, range of motion was 0-90 degrees. There were well-healed portal secondary to arthroscopic surgery along with mild swelling. The treatment plan included physical therapy. The treatment request included Urinalysis, CBC, PTT, PT, Chem 7, INR, and lumbar epidural steroid injection at the L4-L5 level under fluoroscopic guidance. Patient has a noted internal medicine consultation for pre-operative assessment for knee surgery done on 3/16/15. Patient only had noted high cholesterol and no other medical problems.

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 L4-L5 level under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Pt has only been noted to have undergone physical therapy for knee and not the back. There is no noted home exercise program and no other conservative measures including trial of 1st line medications for claimed radicular pain has been attempted. Fails criteria. 3) Radiculopathy: While patient has some exam findings consistent with potential radiculopathy and claims of disc bulge on a prior MRI, no MRI report a level of disc bulge was provided, no electrodiagnostic studies were provided to confirm diagnosis of radicular pain. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.

Preoperative Labs: Urinalysis: 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 & Preoperative testing.

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 lab testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. This patient has no medical problems with only high cholesterol and already had medical clearance by internist for recent knee surgery with no noted complications or problems. The requested ESI is also noted to not have been approved. Preoperative testing is not medically necessary.

Preoperative Labs: CBC (complete blood count): 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 - Preoperative testing.

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 lab testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. This patient has no medical problems with only high cholesterol and already had medical clearance by internist for recent knee surgery with no noted complications or problems. The requested ESI is also noted to not have been approved. Preoperative testing is not medically necessary.

Preoperative Labs: PPT (partial prothrombin time): 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 - Preoperative testing.

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 lab testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. This patient has no medical problems with only high cholesterol and already had medical clearance by internist for recent knee surgery with no noted complications or problems. The requested ESI is also noted to not have been approved. Preoperative testing is not medically necessary.

Preoperative Labs: PT (prothrombin time): 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 - Preoperative testing.

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 lab testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. This patient has no medical problems with only high cholesterol and already had medical clearance by internist for recent knee surgery with no noted complications or problems. The requested ESI is also noted to not have been approved. Preoperative testing is not medically necessary.

Preoperative Labs: 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: Low Back - Preoperative testing.

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 lab testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. This patient has no medical problems with only high cholesterol and already had medical clearance by internist for recent knee surgery with no noted complications or problems. The requested ESI is also noted to not have been approved. Preoperative testing is not medically necessary.

Preoperative Labs: INR (international normalized ratio): 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 - Preoperative testing.

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 lab testing.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. This patient has no medical problems with only high cholesterol and already had medical clearance by internist for recent knee surgery with no noted complications or problems. The requested ESI is also noted to not have been approved. Preoperative testing is not medically necessary.