

Case Number:	CM15-0171559		
Date Assigned:	09/14/2015	Date of Injury:	10/03/2014
Decision Date:	10/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 57 year old male with a date of injury of October 3, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain and strain, unspecified myalgia and myositis, degeneration of lumbar or lumbosacral disc, and lumbar spine stenosis. Medical records dated August 4, 2015 indicate that the injured worker complains of constant pain that ranges from moderate to severe, pain rated at a level of 6 to 7 out of 10 when he wakes up and a level of 3 to 6 out of 10 after taking medications, and pain that increases after two hours up to severe pain in the lumbar spine. A progress note dated August 7, 2015 notes subjective complaints of lower back pain rated at a level of 6 out of 10 at its best and 8 out of 10 at its worst. Per the treating physician (August 7, 2015), the employee "should be precluded from work for a period of four weeks until the symptoms improve." The physical exam dated August 4, 2015 reveals "range of motion limited, severe neurogenic claudication less than two blocks." The progress note dated August 7, 2015 documented a physical examination that showed moderate tenderness of the bilateral lumbar paraspinals with spasms, guarding, and multiple trigger points, decreased range of motion of the lumbar spine (flexion of 35 degrees, extension of 15 degrees, right lateral flexion of 20 degrees, left lateral flexion of 20 degrees, right rotation of 20 degrees, left rotation of 20 degrees), pain with all range of motion of the lumbar spine, positive straight leg raise bilaterally, positive SP compression test from L3-5, positive Schepelman's test bilaterally, positive Milgram's test bilaterally, positive sitting root test bilaterally, positive Yeoman's test bilaterally, positive Kemp's test bilaterally, and hypoaesthesia following the L5-S1 dermatomal distribution in the lower extremities. There were

no other recent physical examinations submitted for review. Treatment has included medications (Norco for an unspecified time period). The original utilization review (August 11, 2015) non-certified a request for a lumbar epidural steroid injection and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per the California MTUS Chronic Pain Treatment Guidelines, epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Per MTUS criteria, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient has not been demonstrated to having radiculopathy present on imaging. Results of an EMG supporting the patient's neurologic complaints are also not documented. Hence, the procedure is not indicated by MTUS guidelines. Therefore, based on the submitted medical documentation, the request for an epidural steroid injection is not medically necessary.

Preoperative Complete Blood Count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for preoperative CBC is not medically necessary.

Preoperative Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for preoperative Urinalysis is not medically necessary.

Preoperative Prothombin Time/Partial Thromboplastin Time: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested test for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." This patient has been requested to receive multiple labs and tests in anticipation of surgery. The patient's surgery has not been approved and thus the requested tests are not indicated. Therefore, based on the submitted medical documentation, the request for preoperative PT/PTT is not medically necessary.