

Case Number:	CM15-0095353		
Date Assigned:	05/21/2015	Date of Injury:	04/25/2013
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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: Pennsylvania
 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 26-year-old male who sustained an industrial injury on 4/25/2013 due to a forklift collision. The current diagnosis is herniated lumbar disc with radiculitis/radiculopathy, left greater than right. Medical history includes anxiety and depression. Treatment has included physical therapy, acupuncture, medication, and epidural steroid injection. MRI of the lumbar spine on 1/30/14 showed disc protrusion at L3-4 with unremarkable exiting nerve roots, disc extrusion at L4-5 with stenosis of the left neural foramen that effaces the left L4 exiting nerve root, and disc protrusion at L5-S1 with unremarkable exiting nerve root. An electromyogram and nerve conduction study on 1/21/15 was normal. According to the progress report dated 3/20/2015, the injured worker complains of low back pain with radicular symptoms into the right leg. The level of pain is not rated. The symptoms are aggravated with prolonged sitting, standing, and walking. The physical examination of the lumbar spine reveals tightness and spasm in the paraspinal musculature bilaterally, restricted range of motion, hypoesthesia along the anterior lateral aspect of the foot and ankle bilaterally (L5 and S1 dermatome level), weakness with big toe dorsiflexion and plantar flexion bilaterally, and positive straight leg raise test bilaterally. The current medication is Anaprox. It was noted that a prior epidural injection provided no lasting relief from pain. The plan of care includes acupuncture, lumbar epidural steroid injection at L3- L4 and L4-L5 levels and pre-operative laboratory studies. Work status was noted as total temporary disability. On 4/22/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Lab: 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, Online Edition, Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general; Preoperative lab 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 chapter: preoperative lab testing.

Decision rationale: The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. In this case, the injured worker has low back pain. The injured worker, age 26, was noted to have a past history of anxiety and depression. No history of anemia or diseases that increase the risk of anemia was documented. The only procedure discussed was an epidural steroid injection. There was no documentation of plan for a surgical procedure for which significant perioperative blood loss is anticipated. Due to lack of specific indication, the request for Pre-Operative Lab: Complete Blood Count is not medically necessary.

Pre-Operative Lab: SMA7: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general; Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: preoperative lab testing.

Decision rationale: The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. 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. In this case, the injured worker has low back pain. The injured worker, age 26, was noted to have a past history of anxiety and depression. There was no documentation of history of chronic disease or renal failure. However, the documentation indicates that the injured worker has been using non-steroidal anti-inflammatory agents (NSAIDS) for at least several months. Systemic toxicity is possible with NSAIDS, and use of NSAIDS may compromise renal function. The Utilization Review determination did not address this consideration for the request for SMA7. Due to use of a medication that may predispose to renal failure, the request for Pre-Operative Lab: SMA7 is medically necessary.

Pre-Operative Labs: Prothrombin Time, 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, Online Edition, Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general; Preoperative lab 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 chapter: preoperative lab testing.

Decision rationale: The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, the injured worker has low back pain. The injured worker, age 26, was noted to have a past history of anxiety and depression. The only procedure discussed was an epidural steroid injection. No history of bleeding or medical conditions that predispose to bleeding was documented. There was no documentation of use of anticoagulants. As such, the request for Pre-Operative Labs: Prothrombin Time, Partial Prothrombin Time is not medically necessary.

Pre-Operative Lab: 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, Online Edition, Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general; Preoperative lab 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 chapter: preoperative lab testing.

Decision rationale: The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. In this case, the injured worker has low back pain. The injured worker, age 26, was noted to have a past history of anxiety and depression. The only procedure discussed was an epidural steroid injection. No history of bleeding or medical conditions that predispose to bleeding was documented. There was no documentation of use of anticoagulants. As such, the request for Pre-Operative Lab: International Normalized Ratio is not medically necessary.

Pre-Operative Lab: 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, Online Edition, Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general; Preoperative lab 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 chapter: preoperative lab testing.

Decision rationale: The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The injured worker, age 26, was noted to have a past history of anxiety and depression. The only procedure discussed was an epidural steroid injection. There was no documentation of plan for a urologic procedure or implantation of foreign material. As such, the request for Pre-Operative Lab: Urinalysis is not medically necessary.

Lumbar Epidural Steroid Injection at the L3-L4 and L4-L5 Levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. In this case, the injured worker has low back pain. Examination, electro diagnostic studies, and imaging findings are not consistent with radiculopathy at both of the levels requested for injection (L3-L4 and L4-L5 Levels). The side to be injected was not specified. The documentation notes a prior epidural steroid injection provided no lasting relief from pain. Due to insufficiently specific prescription (side not specified), insufficient findings of radiculopathy at the levels requested for injection, and lack of documentation of pain relief or functional improvement from the prior epidural steroid injection, the request for Lumbar Epidural Steroid Injection at the L3-L4 and L4-L5 Levels is not medically necessary.