

<b>Case Number:</b>	CM13-0036143		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty Certificate in Spine Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old male with a date of injury of 9/8/10. He is status post lumbar fusion on 8/23/12. The exam note dated 9/11/13 documents complaints of arm and back pain. The physician reports extreme tenderness to palpation of lumbosacral junction. The exam note reports trigger point injection and analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet hardware block, bilateral, at L4-5 and L5-S1 to lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates Hardware injection (block) - Low Back chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hardware injection.

**Decision rationale:** The California MTUS is silent on the issue of hardware block. According to the Official Disability Guidelines regarding hardware injection, it is "[r]ecommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by

the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. (Guyer, 2006)." In this case, there is insufficient evidence in the records of the response to prior conservative attempts to support medical necessity for hardware block injections. Therefore, the determination is for non-certification.