

Case Number:	CM13-0048950		
Date Assigned:	04/07/2014	Date of Injury:	06/17/2008
Decision Date:	06/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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:

The patient is an employee of [REDACTED] and has filed a claim for failed back surgery syndrome associated with an industrial injury date of June 17, 2008. The utilization review from October 28, 2013 denied the request for lumbar hardware block L4-L5, L5-S1. Reasons for denial were not made available. The treatment to date has included back surgery, opioid and non-opioid pain medications, physical therapy, and trigger point injections, intra-articular knee injections, and cognitive behavioral psychotherapy. Medical records from 2013 were reviewed showing the patient complaining of chronic low back pain after lumbar fusion in 2011. The pain is rated at 10/10 without the use of medications and 5/10 with the use of medications. The patient is able to do simple chores around the house with and without medications. On examination, there was noted left lumbar paraspinal musculature tenderness over the surgical area. Range of motion was noted to be decreased for the lumbar spine. Neurological exam for the lower extremities was normal. The patient is known to be having persistent pain over the lumbar hardware and may benefit from the evaluation of hardware removal via a hardware block.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR HARDWARE BLOCK L4-L5, L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Hardware Injection.

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, HARDWARE INJECTION (BLOCK).

Decision rationale: California MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Hardware injection (block) was used instead. ODG states that hardware injection blocks are recommended only for diagnostic evaluation of failed back surgery syndrome. In this case, the patient underwent lumbar fusion at L4-L5, L5-S1 but continues to have persistent low back pain with radiation to the lower extremities. The patient is using medications for the pain but is apparently not sufficient. The physician indicates that hardware removal may benefit the patient and will be evaluated via the hardware block. Therefore, the request for lumbar hardware block L4-L5, L5-S1 is medically necessary.