

<b>Case Number:</b>	CM14-0167018		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Orthopedic, and is licensed to practice in New York. 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 has chronic low back pain. The patient has had previous spinal fusion surgery. The patient reports back pain, numbness, and weakness. On physical examination the patient has a normal gait. Patient is able to heel and toe walk without difficulty. There is tenderness to palpation the lumbar spine. There is quad atrophy on the right. Patient is reduced range of motion of the back. Straight leg raising is positive. Deep tendon reflexes are normal. Sensation is decreased on the left. Motor strength is normal in the bilateral lower extremities. The patient takes narcotics. CT scan of the lumbar spine shows evidence of hemilaminectomy and removal of the facet joint with prior anterior spinal fusion. There is no evidence of solid fusion. MRI lumbar spine shows postsurgical changes with retrolisthesis of L3 on L4 and L4 and L5. The patient has had physical therapy medications consisted continues to have pain. Patient is diagnosed with post laminectomy pain syndrome. At issue is whether hardware block is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hardware Block under Epidurography with Monitored Anesthesia Care Lumbar Region:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter

**Decision rationale:** Review of the medical records does not document the intent of the hardware block. It is unclear why the hardware block is being performed. The patient has a CT scan that document failure of lumbar fusion. The medical records do not document treatment plan consisting of a desire to remove the patient's instrumentation. Since the patient already has documented pseudarthrosis on CT scan, there is no need for hardware block prior to revision surgery. No relevant clinical information will be provided from hardware block since the diagnosis of failure fusion has early been established on imaging studies. Therefore the request for hardware block is not medically necessary.