

Case Number:	CM14-0167293		
Date Assigned:	10/14/2014	Date of Injury:	06/28/2009
Decision Date:	11/17/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 Neurological 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 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on June 28, 2009. The most recent progress note, dated September 12, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. Pain is rated at 8/10. Previous treatment has included an instrumentation and fusion from L2 - L5. There has been increasing pain in the lumbar spine in the last year and a half. Previous treatment has also included pain medications, muscle relaxants, physical therapy, and spinal injections. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles from L3 - L5 on the right greater than the left side. There was decreased lumbar spine range of motion and normal lower extremity sensation, muscle strength, and reflexes. Diagnostic imaging of the lumbar spine dated December 20, 2013, revealed postoperative changes with pedicle screw and ride fixation from L2 - L5 and a laminectomy at L5 - S1. Moderate degenerative spondylosis was noted throughout the lumbar spine with multilevel disc space narrowing and facet arthropathy. A request had been made for a bilateral epidural hardware injection from L3 through S1 and was not certified in the pre-authorization process on September 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3- S1 bilateral hardware EPI Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back - Lumbar and Thoracic

Decision rationale: According to the Official Disability Guidelines a hardware injection is recommended for individuals who had a previous fusion with hardware to determine if hardware is causing continued pain. A review of the medical record and prior studies indicate that there is only hardware present from L2 - L5. Therefore it is unclear why there is a request for a hardware injection from L3 - S1. As such, this request for an L3 - S1 bilateral hardware EPI injection is not medically necessary.