

Case Number:	CM14-0039722		
Date Assigned:	06/27/2014	Date of Injury:	09/23/2012
Decision Date:	08/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty certificate in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old male who reported an injury on 09/23/2012. The mechanism of injury was not stated. Current diagnoses include status post lumbar interbody fusion and retained symptomatic lumbar spinal hardware. The injured worker was evaluated on 02/03/2014 with complaints of persistent lower back pain. The physical examination revealed tenderness to palpation, painful range of motion, limited range of motion, palpable hardware, and intact sensation. It was noted that the injured worker was scheduled for a pain management consultation and possible hardware block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware Block with Epidurography x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diagnostic Evaluation.

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, Hardware injection (block).

Decision rationale: The Official Disability Guidelines state a hardware injection (block) is recommended only for diagnostic evaluation of failed back surgery syndrome. The injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. As per the documentation submitted, the injured worker is status post L3-5 posterior lumbar interbody fusion. The injured worker's physical examination does reveal palpable hardware, painful and limited range of motion, and tenderness to palpation. However, it was noted that the injured worker underwent a hardware block at L3-5 on 04/04/2014. The medical necessity for an additional procedure has not been established. As such, the request is not medically necessary.