MAXIMUS Federal Services

| Case Number: | CM14-0042352 | | |
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| Date Assigned: | 06/30/2014 | Date of Injury: | 10/15/2004 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 04/08/2014 |

## 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 Orthopaedic 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:

This 36-year-old male sustained an industrial injury on 10/15/04. The mechanism of injury was not documented. The patient was status post lumbar laminectomies at L4 and L5, two staged, on 8/16/08 and 9/6/08. He underwent 360-degree arthrodesis with instrumentation of the lumbar spine from L4 to S1. The 1/27/14 treating physician report cited grade 7-8/10 low back pain. Pain increased with activities of daily living. Prolonged sitting, standing, walking, bending, stooping, kneeling, squatting, lifting, carrying, pushing, pulling, gripping, and grasping caused the pain to increase. Objective findings documented lumbar range of motion of flexion 50, extension 5, and bilateral lateral flexion 30 degrees. There was tenderness to palpation over the paraspinal musculature with paraspinal muscle spasms. The treatment plan recommended a CT scan, lumbar spine hardware block, and internal medicine evaluation for surgical clearance. The 3/6/14 utilization review denied the request for lumbar spine hardware block as there is no documentation of the status of the fusion or that other causes of pain have been ruled-out. The pre-operative lab requests were denied as surgery was not medically necessary. The 3/10/14 treating physician report cited continued low back pain and requested authorization to proceed with a lumbar spine hardware removal surgery. The 3/24/14 cervical CT scan impression documented central stenosis at L3/4 of at least moderate degree. There were multiple levels of foraminal stenosis from the L3/4 through L5/S1 with bilateral involvement, secondary to L3/4 disc protrusion, endplate osteophytes, or facet joint hypertrophy. There are post-operative changes with evidence of anterior and posterior fixation of L4 through S1 and interbody fusion. Congenitally short pedicles and degenerative facet disease were found to contribute to stenosis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Hardware Block:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines ,low back -lumbar&thoracic (acute&chronic).

**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 - Lumbar & Thoracic, Hardware injection (block).

**Decision rationale:** The Official Disability Guidelines recommend hardware blocks 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. Guideline criteria have now been met. There is reasonable evidence that other sources of pain have been ruled out, including infection or non-union. Therefore, this request for lumbar hardware injection is medically necessary.

**Pre-Surgical Labs Complete blood count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.low back - lumbar&thoracic (acute&chronic).

**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 - Lumbar & Thoracic, Preoperative lab testing.

**Decision rationale:** Under consideration is a request for pre-surgical lab testing. There is no indication in the file that surgery has been established as medically necessary. Therefore, this request is not medically necessary.

**Pre-Surgical Labs Spinal Muscle Atrophy -7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.low back - lumbar&thoracic (acute&chronic).

**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 - Lumbar & Thoracic, Preoperative lab testing.

**Decision rationale:** Under consideration is a request for pre-surgical lab testing. There is no indication in the file that surgery has been established as medically necessary. Therefore, this request is not medically necessary.

**Pre-Surgical Labs  Prothrombin time-Partial thromboplastin time:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.  Decision based on Non-MTUS Citation Official Disability Guidelines.low back - lumbar&thoracic (acute&chronic).

**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 - Lumbar & Thoracic, Preoperative lab testing.

**Decision rationale:**  Under consideration is a request for pre-surgical lab testing. There is no indication in the file that surgery has been established as medically necessary. Therefore, this request is not medically necessary.

**Pre-Surgical Labs  international normalized prothrombin ratio:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.  Decision based on Non-MTUS Citation Official Disability Guidelines.low back - lumbar&thoracic (acute&chronic).

**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 - Lumbar & Thoracic, Preoperative lab testing.

**Decision rationale:**  Under consideration is a request for pre-surgical lab testing. There is no indication in the file that surgery has been established as medically necessary. Therefore, this request is not medically necessary.