

Case Number:	CM14-0054390		
Date Assigned:	07/07/2014	Date of Injury:	08/18/2006
Decision Date:	08/27/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/23/2014

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 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 injured worker is a 50-year-old male who reported an injury on 08/18/2006. The mechanism of injury was noted to be continuous trauma. His diagnoses include chronic pain of the lumbar spine, status post hardware removal of the lumbar spine on 08/01/2009, and status post lumbar spine 360 degrees arthrodesis with dorsal column implantation on 08/22/2010. His diagnostic studies include a CT of the lumbar spine on 08/01/2009 and x-ray of the lumbar spine with flexion and extension on 11/15/2013. His surgical history included a hardware removal of the lumbar spine on 08/01/2009 and a dorsal column implantation on 08/22/2010. Per the clinical note dated 01/14/2014, the injured worker reported to have moderate to severe pain in his lower back radiating into his bilateral legs. He reported that his morphine pump is stable at 14 and it gives good relief combined with his medications. The injured worker reported his pain without medication is a 9/10 to 10/10 and is 6/10 to 8/10 with morphine pump and medications. On examination of the lumbar spine, the physician reported he had decreased range of motion and the straight leg raising test was positive bilaterally at 60 degrees in the L5-S1 distribution and positive bilateral Kemp's test. The physician also reported there were 2+ to 3+ spasms and tenderness at the lumbar paraspinal muscles and hypoesthesia of the bilateral lower extremities at the L3, L4, L5, and S1 levels. The muscle strength test was 3/5 bilaterally at the foot dorsal and evertors. The physician also reported the injured worker continued to ambulate with a cane and was limping on his right leg. The physician's treatment plan included a recommendation for a hardware block injection to evaluate if the claimant hardware (pedicle screws) is causing the source of the patient's back pain he has continued to experience at the L3-4, L4-5, and the L5-S1. Per the clinical note dated 03/04/2014, the injured worker continued to have complaints of low back pain radiating to bilateral legs. He reported the pain intensity was 7/10 with medications and morphine pump and he reported they gave him good relief with pain intensity. The

physician also supplied prescriptions for refills on OxyContin, Dilantin ER 60 mg, Norco, Gabapentin, Tramadol, Naprosyn, Zanaflex, Ambien, as well as topical cream Cyclobenzaprine and Capsaicin. The treatment plan included to refill all medications, discontinue tramadol, and request authorization for a hardware block. The current request is for lumbar spine hardware block L3-L4, L4-L5, and L5-S1 is non-certified. The rationale for the request is to evaluate implanted hardware to see if it is causing the source of the patient's back pain he continues to experience at the L3-4, L4-5, and L5-S1. The request for authorization form was provided on 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine hardware block for L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48, 300. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter, 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: The Official Disability Guidelines state that hardware injection blocks are 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. 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. Per the clinical note dated 01/14/2014, there was no indication that the patient had specific tenderness over the hardware to suggest this would be a pain generator. The injured worker demonstrated neurological abnormalities including sensory and motor that would indicate it would be caused by the hardware. Therefore, due to the injured worker not having specific tenderness over the hardware and having neurological abnormalities that would not be consistent with painful hardware, the request would not be supported. As such, the request for Lumbar spine hardware block for L3-L4, L4-L5, and L5-S1 is not medically necessary and appropriate.