

Case Number:	CM14-0065419		
Date Assigned:	07/11/2014	Date of Injury:	02/03/2009
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49 year old female whose date of injury is 02/03/2009. The injured worker was attempting to change positions in a chair when she lost her balance and fell. The injured worker underwent posterior lumbar spinal fusion L4 to L5 on 08/09/13. Note dated 04/08/14 indicates that she continues to have some discomfort and pain in the low back area, mild tenderness over the screw heads, motor exam is 5/5 throughout, deep tendon reflexes are 2 bilaterally, and sensation is intact. Diagnoses are status post lumbar fusion, lumbago and painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware Block Injection L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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: Based on the clinical information provided, the request for hardware block injection L5 to S1 is not recommended as medically necessary. The injured worker underwent

posterior lumbar spinal fusion L4 to L5 on 08/09/13. The most recent note submitted for review is dated 04/08/14 and indicates that there is mild tenderness over the screw heads. There is no recent detailed physical examination submitted for review as this note is over five months old. There is no indication that the injured worker has undergone postoperative radiographs to assess the hardware. Therefore, medical necessity is not established in accordance with Official Disability Guidelines (ODG).