

<b>Case Number:</b>	CM14-0189464		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/08/1995
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Surgeon 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:

According to the records made available for review, this is a 71-year-old male with a 3/8/95 date of injury, and T7-S1 posterior spinal fusion on 4/23/13. At the time (11/5/14) of the Decision for Bilateral T8 hardware block under sedation and Associated surgical service: Pre-operative medical clearance, there is documentation of subjective (back pain) and objective (tenderness over the hardware, well healed midline incision, normal sensation, and 5/5 motor strength) findings, current diagnoses (post laminectomy syndrome), and treatment to date (medications, physical therapy, and trigger point injections). Medical reports identify that the patient refuses any aggressive intervention and additional surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral T8 hardware block under sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 (Acute & Chronic) Chapter, Hardware injection (block)

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of diagnostic evaluation of failed back surgery syndrome in patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware, and if pain is caused by the hardware, the surgeon may decide to remove the patient's hardware, as criteria to support the medical necessity of a hardware injection. Within the medical information available for review, there is documentation of a diagnosis of post laminectomy syndrome. In addition, there is documentation of T7-S1 fusion (4/23/13). Furthermore, there is documentation of continued pain. However, given documentation that the patient refuses any aggressive intervention and additional surgery, there is no documentation of consideration for surgical intervention. Therefore, based on guidelines and a review of the evidence, the request for Bilateral T8 hardware block under sedation is not medically necessary.

**Associated Surgical Service: Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.