

<b>Case Number:</b>	CM15-0004503		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Neurological Surgery

### 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 47 year old male, who sustained an industrial injury on 7/06/2009. The diagnoses have included status-post lumbar fusion, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and painful retained hardware. Treatment to date has included hardware block on 4/4/2014, physical therapy, chiropractic care, medications, HEP, and activity modifications. Magnetic resonance imaging (MRI) of the lumbar spine dated 10/28/2014 revealed post-surgical changes at L5-S1 status post laminectomy, discectomy and posterior fusion, hardware in appropriate position, successful bony fusion and 2-3mm disk bulge at the at L4-5 level resulting in bilateral foraminal stenosis and mild bilateral lateral recess stenosis. Currently, the IW complains of pain in the low back, rated as a 6/10. The pain is described as sharp and stabbing with radiation to the bilateral legs with associated numbness and tingling. There is moderate to severe pain over the hardware bilaterally. Objective findings included moderate lumbar paraspinous muscle spasm. There is guarding and severe facet tenderness. Kemp's test, straight leg raise test and Farfan test are positive bilaterally. Range of motion is limited. On 12/09/2014, Utilization Review non-certified a request for a bilateral L4-5 transforaminal epidural steroid injection and repeat hardware block, noting that the clinical findings do not support the medical necessity of the treatment. The Non-MTUS, ACOEM and ODG were cited. On 1/08/2015, the injured worker submitted an application for IMR for review of bilateral L4-5 transforaminal epidural steroid injection and repeat hardware block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 transforaminal epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections; AMA Guides 5th Edition, page 382-383

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Injections Chapter-Epidural steroid injections, "series of three"

**Decision rationale:** The ODG guidelines indicate the series of three lumbar epidural steroid injections is not recommended. A diagnostic epidural steroid injection is recommended. This worker's pain generator location is problematic in that there is not evidence of lumbar facet injections having been accomplished to elucidate their contribution to the patients pain. Therefore, this requested treatment: Bilateral L4-5 transforaminal epidural steroid injection is not medically necessary and appropriate.

**Repeat hardware block:** 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), Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Injections Chapter-Hardware injection

**Decision rationale:** While the ODG guidelines indicate hardware injection is recommended only for diagnostic evaluation of failed back surgery, the documentation does not indicate the fashion by which the worker received benefit from the first injection. No images showing hardware failure are in the documentation. No images showing infection are in the documentation. Moreover, there is no evidence in the documentation that diagnostic facet blocks have been accomplished or a blinded approach given to the worker in the diagnostic treatment plan. Thus this requested treatment: Repeat hardware block is not medically necessary or appropriate.