

<b>Case Number:</b>	CM15-0108621		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	05/18/1992
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 63-year-old female who sustained an industrial injury on 5/18/92. The mechanism of injury was not documented. Past surgical history was positive for lumbar decompression and fusion L2-L5 in March 2009. The 5/9/15 spine surgeon report cited complaints of constant left sided back and buttocks pain radiating to her vagina and inner thigh on the left. She had undergone chiropractic, surgery, physical therapy, TENS unit, pain clinic, and nerve blocks. Neurologic exam documented wide-based gait with toes out to the left side. She had left quadriceps weakness, and decreased sensation over the left L3 and L4, and bilateral L5 dermatomes. She had left sacroiliac tenderness and moving the left leg was painful. The injured worker had a left L5 transforaminal epidural that helped for about a week. A left sacroiliac joint injection was recommended to see if this was a pain generator. If not, then hardware blocks were recommended to explore whether hardware should be removed as a cause of pain. The 5/13/15 treating physician report indicated that the injured worker had undergone a left S1 transforaminal epidural steroid injection on 4/29/15. The left L5/S1 neuroforamen was not accessible secondary to bone graft extending inferiorly from her fusion. She felt better overall. Pain severity had improved and function had improved as she was able to walk more easily. She was seen by the spine surgeon yesterday who expressed specific concern that some of her pain complex may be emanating from retained hardware and recommended diagnostic hardware blocks. Current medications included Percocet twice a day. Physical exam documented transfers with a limp and low back tenderness. Authorization was requested for diagnostic hardware blocks along the pedicle screws from L2 through L5 under fluoroscopic guidance. The

5/21/15 utilization review non-certified the request for hardware block pedicle screws x8 from L2-L5 under fluoroscopic guidance as there was no information submitted regarding the specific location of the on-going pain and there appeared to have been a positive response to the recent epidural steroid injection. The 6/2/15 treating physician report appeal stated that the injured worker had persistent grade 9/10 low back pain affecting her mobility and activities of daily living. She was using up to 3 Percocet per day, occasional Advil, and muscle relaxants at night to help her sleep. Physical exam documented tenderness from above the L4 level to the sacrum with lumbar paraspinal tightness particularly above her fusion site. The spine surgeon had expressed concern regarding pain related to retained hardware. She specifically experienced pain along the fusion site and this could be related to the pedicle screws. Although she improved with the recent epidural injection, she was not asymptomatic or fully functional. Diagnostic hardware blocks were again requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hardware block pedicle screws x8 L2-L5 under fluoroscopic guidance:** Overturned

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

**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 the use of a hardware injection (block) for diagnostic evaluation in patients who have undergone a fusion with hardware to determine if continued pain was 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 been met. This injured worker presents with persistent low back pain and tenderness over the fusion site. Significant functional limitation is noted relative to back pain. A recent epidural steroid injection did not fully resolve the pain complaint. Therefore, this request is medically necessary at this time.