

<b>Case Number:</b>	CM15-0131675		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 62 year old female who reported an industrial injury on 11/17/2008. Her diagnoses, and or impression, were noted to include: status-post lumbar decompression and fusion surgery; lumbosacral degenerative disc disease; and chronic regional pain syndrome. No current imaging studies were noted. Her treatments were noted to include: lumbar spine fusions (1010 & 2011); lumbar epidural steroid injections (3/20/15) - temporary relief x a few days; use of cane; and medication management. The progress notes of 6/15/2015 were hand written and difficult to read, but were noted to report complaints which included: worsening, severe and constant lumbar spine discomfort, with bilateral lower extremity numbness/tingling/weakness, and resulting in difficulty walking, sitting, standing, rising and lying. The history notes a well-healed surgical scar over the lumbar, mid-line, spine. Objective findings were noted to include a slow gait with use of a 4-pronged cane; tenderness over the bilateral para-vertebral musculature, with guarding; positive straight leg raise and Kemp's sign; and decreased deep tendon reflexes and strength. The physician's requests for treatments were noted to include lumbar spine hardware injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine hardware injection:** 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, Hardware Injection (block).

**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.

**Decision rationale:** Regarding the request for Lumbar spine hardware injection, California MTUS does not address the issue. ODG cites that this is a diagnostic procedure only to determine if continued pain is caused by the hardware. In the documentation available for review, the requesting physicians note on 5/26/15 states the patient says the "lumbar pain is little to no pain and is occasional". Later the physician states that there is tenderness to palpation and tightness in the area of the pedicle screws and the patient has failed other treatments. However, the lumbar spine hardware injection is not a treatment but rather a test. The physician does not address whether the patient would undergo a hardware removal surgery and does not state his intentions for the injection. Additionally, the physician is also considering doing an epidural injection for the patients continued pain which makes up the majority of the patients complaints. Until this issue is clarified, the request for a Lumbar spine hardware injection is not medically necessary.