

Case Number:	CM15-0140884		
Date Assigned:	07/30/2015	Date of Injury:	09/28/1998
Decision Date:	08/27/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old female who sustained an industrial injury on 09/28/1998. The injured worker was diagnosed with lumbosacral spondylosis without myelopathy and cervical discopathy. The injured worker is status post two level cervical fusion in 2000, lumbar surgery in 2003 (no procedure documented), and radiofrequency neurolysis bilaterally of the medial branch nerves at L1, L2, L3 in March 2011 and November 2011 lasting 5-6 months with approximately 60% axial pain resolution. The most recently documented neurolysis was performed on January 21, 2015 to L1, L2 and L3 bilaterally. Treatment to date has included diagnostic testing, surgery to multiple body parts, neurolysis interventions, physical therapy, trigger point injections and medications. According to the primary treating physician's progress report on July 7, 2015, the injured worker continues to experience low back pain radiating to the left leg rated as a 9 out of 10 on the pain scale. Evaluation noted gait and stance were within normal limits. Lumbosacral examination demonstrated positive pelvic thrust, Faber, Gaenslen's, Patrick's and pelvic rock testing. There was pain to palpation over the hardware bilaterally. Rotational extremity produced pain with triggering, ropey fibrotic banding and spasms bilaterally. The injured worker received 8 trigger point injections at the office visit. Current medications are listed as Norco 10/325mg, Butrans 20mcg per hour patches, Lidoderm patch, Cymbalta, Soma and Prilosec. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of lumbar flexion and extension X-rays and the current request for hardware injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware injections Qty: 1.00: 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), Diagnostic medial branch/facet blocks.

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), page 434.

Decision rationale: MTUS is silent on hardware corticosteroid injection; however, ODG, does recommend block for diagnostic evaluation of failed back syndrome and in limited circumstances for acute radicular pain; however, it is not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain as noted in this patient s/p axial pain relief from the radiofrequency of lumbar medial branch nerves for this injury of 1998 with lumbar surgery. The patient has remained unchanged since the low back surgery without functional benefit and is considered P&S on chronic analgesics. Submitted reports have not adequately demonstrated indication or clinical findings to support for the hardware corticosteroid injection outside guidelines criteria. The Hardware injections Qty: 1.00 is not medically necessary and appropriate.