MAXIMUS Federal Services

Case Number:	CM15-0164126		
Date Assigned:	09/01/2015	Date of Injury:	10/07/2011
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 52-year-old female who sustained an industrial injury on 10-07-2011. Diagnoses include status post lumbar fusion at L4-L5; lumbar disc disease; lumbar facet syndrome; post annular tear at L5-S1; painful retained hardware; and lumbar radiculopathy. Treatment to date has included medication, physical therapy (PT), chiropractic manipulation, epidural steroid injections, spinal fusion and home exercises. According to the progress notes dated 7-2-2015, the IW (injured worker) reported lumbar spine pain rated 6 to 8 out of 10, which was unchanged since her last visit. The pain was described as radiating to the left hip and thigh with numbness and tingling, which extended to the bilateral feet with prolonged walking and standing. Her medications were helpful for the pain and she was tolerating them well. On examination, the lumbar paraspinous muscles were diffusely tender, with guarding, and there was moderate pain over the hardware, with tenderness to palpation over the pedicle screws. Facet levels L5 and S1 were tender to palpation as well as the left sacroiliac joint. Patrick's, Yeoman's and sacroiliac thrust tests were positive on the left. Kemp's test was positive bilaterally. Seated straight leg raise (SLR) was positive on the left at 50 degrees and supine SLR was positive on the left at 40 degrees. Range of motion of the lumbar spine was decreased in all planes and sensation was decreased in the L4 and L5 dermatomes on the left. Muscle testing was 4 out of 5 in the L2 through L5 myotomes. A request was made for diagnostic hardware block injection due to failed conservative therapies with continued back pain and radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Hardware Block Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hardware injection (block).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diagnostic hardware injections.

Decision rationale: The MTUS does not address the use of hardware injections in failed low back syndrome, and therefore the ODG provides the preferred mechanism for assessing medical necessity in this case. Overall, these injections are recommended in patients with a fusion with hardware in order to rule out hardware related pain in consideration for hardware removal. In this case, it is not overtly likely that retained hardware is the cause of the patient's pain based on physical exam, however, based on the chronicity of symptoms, a diagnostic injection is reasonable in the opinion of this reviewer.