

Case Number:	CM15-0188957		
Date Assigned:	09/30/2015	Date of Injury:	05/18/1992
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 5-18-1992. Medical records indicate the worker is undergoing treatment for probable lumbar 5 radiculopathy, status post lumbar decompression and fusion with residual lumbar disc degeneration resulting in moderate spinal stenosis and chronic opioid use. A recent progress report dated 8-25-2015, reported the injured worker complained of low back pain. Documentation showed the injured worker has had the same complaints since at least 4-7-2015. Physical examination revealed the injured worker walks with a limp and has lumbar guarding. Lumbar magnetic resonance imaging showed lumbar 1-2 posterior bulge and lumbar 2-5 fusion with hardware. Treatment to date has included chiropractic care, transforaminal epidural steroid injection, TENS (transcutaneous electrical nerve stimulation), nerve blocks, back surgery, physical therapy, Zanaflex and Percocet. On 8-26-2015, the Request for Authorization requested Hardware block pedicle screws times 8. On 9-2-2015, the Utilization Review non-certified the request for Hardware block pedicle screws times 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware block pedicle screws times 8: 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), Treatment Index, 11th Edition (Web), 2014, Low Back, 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) hardware injection.

Decision rationale: Guidelines indicate hardware injections only for diagnostic evaluation of failed back surgery. In this case, clinical documentation indicates that the patient's condition was stable and there is no mention of the patient trying any other conservative care other than medications such as therapy to address the pain. Eight hardware blocks exceeds guideline recommendations and are not medically necessary or appropriate.