

Case Number:	CM15-0025442		
Date Assigned:	02/18/2015	Date of Injury:	03/06/2012
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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:

The injured worker is a 50 year old male, who sustained an industrial injury on March 6, 2012. The injured worker had reported a back injury. The diagnoses have included post laminectomy syndrome, evidence of failure of lumbar instrumentation and fusion and lumbar radiculitis/sciatica. Treatment to date has included pain medication, epidural steroid injections, lumbosacral interbody fusion, MRI of the lumbar spine, neurodiagnostic studies, MRI of the lumbar spine and a lumbar computed tomography scan. CT scan lumbar spine 12/29/14 demonstrates moderate to severe right foraminal narrowing and moderate left foraminal narrowing with facet changes noted L4-S1. Current documentation dated January 22, 2015 notes that the injured worker complained of mid back pain and left leg pain. Associated symptoms of the leg included weakness and numbness. Spasms of the left foot were also noted. Physical examination revealed low back pain, left toe numbness, hypersensitivity in the lumbar five nerve distribution and ankle weakness on the left. Straight leg raise was positive on the left. On January 29, 2015 Utilization Review non-certified a request for a revision laminectomy /exploration and removal of hardware, probable one day stay and a trigger point injection. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited. On February 10, 2015, the injured worker submitted an application for IMR for review for a revision laminectomy/exploration and removal of hardware, probable one day stay and a trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 1/22/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is for non-certification.

Revision laminectomy/exploration & removal of hardware probable one day inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Hardware Implant removal.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. Per the ODG, Low Back, Hardware Implant Removal, hardware removal is not recommended. It states, "not recommended the routine removal of hardware fixation exception in a case of broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion." The ODG goes on to state that hardware injection is recommended for diagnostic evaluation of failed back syndrome. If steroid anesthetic block eliminates pain at the level of the hardware, surgeon may then decide to remove hardware. In this case there is no evidence of symptomatic broken hardware or nonunion to support removal. There is lack of demonstration of conservative care in the records of 1/22/15 to support revision laminectomy and exploration of fusion. In addition there is no evidence of diagnostic block in the records from 1/22/15 to support hardware removal. The CT scan from 12/29/14 demonstrates no evidence of hardware failure. Therefore the determination is for non-certification.

