

<b>Case Number:</b>	CM15-0216960		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/22/1990
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Texas, Florida, California

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:

The injured worker is a 68 year old female, who sustained an industrial injury on 5-22-90. She reported low back pain. The injured worker was diagnosed as having lumbago, left leg sciatica, and multilevel lumbar degenerative disc disease status post multilevel fusion. Treatment to date has included L4-5 fusion in 2002, additional fusion in 2008, physical therapy, a functional restoration program, epidural steroid injections, facet blocks, and medication including Hydrocodone. Physical exam findings on 4-28-15 included lumbar spine diffuse tenderness with restricted range of motion. Diffuse hypesthesia to pinprick and light touch was noted in the right lower extremity. A straight leg raise and Lasegue's test produced low back pain. On 4-28-15, the injured worker complained of low back pain and bilateral leg pain. The treating physician requested authorization for a hardware block injection at L3-4. On 10-28-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hardware Block Injection L3-L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004.

**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, Hardware blocks.

**Decision rationale:** This claimant was injured in 1990 with lumbago, left leg sciatica, and multilevel lumbar degenerative disc disease status post multilevel fusion. Treatment to date has included an L4-5 fusion in 2002, additional fusion in 2008, physical therapy, a functional restoration program, epidural steroid injections, facet blocks, and medication including Hydrocodone. Physical exam findings on 4-28-15 included lumbar spine diffuse tenderness with restricted range of motion. Diffuse hypesthesia to pinprick and light touch was noted in the right lower extremity. A straight leg raise and Lasegue's test produced low back pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding hardware blocks, the ODG notes: Recommended only for diagnostic evaluation of failed back surgery syndrome, this injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware.(Guyer, 2006) With well documented degenerative spine disease, that is the far more likely source of pain than is hardware. In the clinical context of this patient, the role of a hardware block is not medically necessary.