

Case Number:	CM15-0031686		
Date Assigned:	02/25/2015	Date of Injury:	10/02/2001
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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 52-year-old female, who sustained an industrial injury on October 2, 2001. The injured worker has reported mid and low back pain. The diagnoses have included adjacent segment degeneration of lumbar two-lumbar three and lumbar three-lumbar four, status post lumbar four-sacral one fusion with symptomatic hardware and intermittent bilateral lumbar three and lumbar four radiculopathy. Treatment to date has included pain medication, physical therapy, psychotherapy, acupuncture treatments and a lumbar fusion in 2007. Current documentation dated December 16, 2015 notes that the injured worker complained of worsening low back pain with radiation to the right foot. The pain was rated a seven-eight out of ten on the Visual Analogue Scale. She also reported neck pain with numbness in the hands. Physical examination of the lumbar spine revealed tenderness to palpation of the midline lumbar spine, a positive straight leg raise bilaterally and decreased sensation of the left lumbar three and lumbar five level and right lumbar four dermatome distribution. On February 3, 2015 Utilization Review non-certified a request for hardware blocks bilaterally at lumbar three, lumbar four and lumbar five (3 level facet medial branch blocks). The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware blocks bilaterally at L3, L4, L5 (3 level facet/medial branch blocks): 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, Hardware injection (block) low back chapter, diagnostic facet blocks.

Decision rationale: The 2/03/15 Utilization Review letter states the Hardware blocks bilaterally at L3, L4, L5, (3-level facet/medial branch blocks) requested on the 12/16/15 medical report was denied because there were no physical findings or diagnostic studies corroborating the presence of hardware loosening or failure. The 7/29/14 pain management report states the patient underwent lumbar fusion L4/5, L5/S1 in 2007 and the back pain and numbness and weakness in the legs have been worse since the surgery. The patient had decreased sensation in the left S1 distribution and bilateral L5 dermatomes. The physician stated he cannot do epidural steroid injections because the patient has had an allergic reaction to steroid injections in the past. He suggested a spinal cord stimulator. He was referred to an orthopedic spine surgeon who evaluated the patient on 12/16/14, who notes the hardware is intact without loosening or fracture; and solid fusion L4/5 and L5/S1. There was moderate stenosis at L2/3 and L3/4. The orthopedist refers back to pain management for consult and hardware blocks bilaterally at L3, 4, 5. ODG guidelines, low back chapter online for Hardware injection (block) states: 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) ODG guidelines, low back chapter online for diagnostic facet blocks states: "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." The request presented for IMR is Hardware blocks bilaterally at L3, L4, L5, (3-level facet/medial branch blocks) The pain management physician states he could not do epidural steroid injections due to the patient having an allergic reaction. The ODG guidelines suggests use of steroid/anesthetic injections for evaluation of hardware. The 12/16/14 orthopedic report that requested the hardware blocks and the facet/medial branch blocks did not discuss the patient's allergic reaction to steroid injections. ODG guidelines do not recommend medial branch blocks or facet blocks on patients who have had previous fusion. The request does not appear to be completely in accordance with ODG guidelines. The request for Hardware blocks bilaterally at L3, L4, L5, (3-level facet/medial branch blocks) IS NOT medically necessary.