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| <b>Case Number:</b>   | CM15-0035922 |                              |            |
| <b>Date Assigned:</b> | 03/04/2015   | <b>Date of Injury:</b>       | 03/21/1986 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 02/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2015 |

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male, who sustained an industrial injury on 3/21/86. The injured worker has complaints of low back pain right side worse than the left and neck pain and stiffness, improved following radiofrequency lesioning. The diagnoses have included chronic pain syndrome; disc displacement with radiculitis, lumbar and lumbosacral spondylosis without myelopathy. Treatment to date has included three level fusion from C4 through C7 with significant relief, but the back continued to worsen more so since the neck surgery; independent exercises; medial branch blocks on the left side; cortisone injections; physical therapy; lumbar diskogram followed by three-level fusion instrumentation and medications. According to the utilization review performed on 2/16/15, the requested 6 Hardware Bursa Injections under Fluoroscopy has been non-certified. The Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Low Back, Lumbar and Thoracic (Acute and Chronic) were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Hardware Bursa Injections under Fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Chapter: Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hardware injection (block) <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Hardware injection “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)” There is no documentation that the patient have back surgery. Therefore, the request is not medically necessary.