

Case Number:	CM15-0057257		
Date Assigned:	04/02/2015	Date of Injury:	05/12/2003
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 51-year-old male, who sustained an industrial injury on May 12, 2003. He reported injuring back loading/lifting spools of wire. The injured worker was diagnosed as having nonunion of fracture and postlaminectomy syndrome of the lumbar region. Treatment to date has included lumbar spine x-rays, lumbar spine MRIs, right knee MRI, lumbar fusion and revision, right knee surgery, and medication. Currently, the injured worker complains of increasing low back pain with some radiation into both legs. The Treating Physician's report dated March 6, 2015, noted the current medications as fentanyl, Percocet, Trazodone, and Valium. Physical examination was noted to show diffuse tenderness in the lower lumbar spine as well as his bilateral upper buttocks, with some tension signs bilaterally, and moderately decreased range of motion (ROM). Diagnostic imaging was noted to show reactive changes to the L3-L4 vertebral bodies around the implant, possible artifact, with a small broad based disc bulge at the L5-S1 level. The Provider noted the treatment plan to include a hardware injection and a right sided L5-S1 epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Hardware injection: 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), Low Back, Hardware injection (block).

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) The patient was documented to have post laminectomy and there is no documentation that the patients underwent a fusion or have a painful hardware. Therefore, the request for Lumbar Hardware injection is not medically necessary.

L5-S1 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for L5-S1 Epidural Steroid Injection is not medically necessary.