

Case Number:	CM15-0085916		
Date Assigned:	05/07/2015	Date of Injury:	06/06/2010
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female who sustained a work related injury June 6, 2010. Past medical history included lumbar fusion, 2013. According to a secondary physician's progress notes, dated March 5, 2015, the injured worker presented with complaints of neck and lower back pain, rated 5/10, with medication. The pain is described as sharp, stabbing, and burning and radiates to the right leg with numbness. The pain of the neck and left shoulder is described as dull achy and stabbing, with radiation to the left shoulder and left arm. She has experienced headaches and paresthesia in the hand, with numbness in the arm. The gait is within normal limits. Diagnoses are; degeneration of cervical intervertebral disc; lumbar disc displacement; cervical disc displacement; cervical radiculitis; low back pain; lumbar radiculopathy; post-laminectomy syndrome. Treatment plan included request for authorization for bilateral lumbar hardware block and monitored anesthesia care, epidurography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar hardware block: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Chapter- Hardware injection (block).

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- Lumbar & Thoracic (Acute & Chronic), hardware injection (block).

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for neck and low back pain. She underwent a lumbar fusion in 2013 and has a diagnosis of post-laminectomy syndrome. Prior treatments have included epidural injections done in November 2012. When seen, there was decreased and painful lumbar spine range of motion. There was decreased right lower extremity sensation and positive straight leg raising. Authorization for a hardware block including an epidurogram and monitored anesthesia was requested. A hardware injection (block) can be recommended for diagnostic evaluation of failed back surgery syndrome and, if positive, the surgeon may decide to remove the patient's hardware. In this case the claimant has undergone a lumbar fusion and has a diagnosis of failed back surgery syndrome with ongoing pain. The request is therefore medically necessary.

Monitored anesthesia care, Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, - Lumbar Chapter- Fusion (Spinal).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for neck and low back pain. She underwent a lumbar fusion in 2013 and has a diagnosis of post-laminectomy syndrome. Prior treatments have included epidural injections done in November 2012. When seen, there was decreased and painful lumbar spine range of motion. There was decreased right lower extremity sensation and positive straight leg raising. Authorization for a hardware block including an epidurogram and monitored anesthesia was requested. In this case, an epidural injection is not being performed. An epidurogram is not medically necessary. In terms of sedation, the claimant has undergone epidural steroid injections before without reported complication. MAC (monitored anesthesia care) anesthesia is being requested for the procedure. There is no indication for the use of MAC anesthesia and therefore the request is also not medically necessary for this reason as well.