

Case Number:	CM14-0126503		
Date Assigned:	08/13/2014	Date of Injury:	04/16/2004
Decision Date:	09/19/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66 year old female who reported injury on 04/16/2004. The mechanism of injury was cumulative trauma. The injured worker's surgical history included an L3-L4 laminectomy, T12-L3 vertebral osteotomies, T5 to ilium instrumentation and fusion on 07/08/2009. The injured worker's medication included Cymbalta, Desyrel, Prilosec, Coreg, Colace, Cymbalta, and Zyrtec, as well as multiple vitamins. The documentation of 11/19/2013 revealed the injured worker had significant pain. The physical examination revealed the injured worker had a rotational component to scoliosis with the right scapula slightly more prominent than the left side. The documentation indicated the injured worker's prior fusion from the mid thoracic spine to the sacrum and ilium was added on and she has rods that go up to T4 and is connected at the bottom with some connectors. The connectors were noted to be prominent, as were the more superior pedicle screws on the right. The x-rays revealed the hardware was intact. The treatment plan included hardware injections at the connectors and pedicle screws on the right to help alleviate the symptoms. The injured worker underwent an x-ray on 11/20/2013, which revealed a posterior spinal fusion T4-S1. The alignment was unchanged. There were lucencies surrounding some of the pedicle screws with the lucency at the T10 level slightly more prominent. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T4, T10 Pedicle Screw and Right Thoracic Hardware Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 (ODG) Low Back Chapter, Hardware injection (block).

Decision rationale: The Official Disability Guidelines indicate that a hardware injection is recommended only for the diagnostic evaluation of failed back surgery syndrome. The clinical documentation submitted for review was noted to decrease pain. However, there was no documentation indicating the injection was for diagnostic purposes and that there was a possibility of hardware removal. Given the above, the request for right T4, T10 pedicle screws and right thoracic hardware injections are not medically necessary.