

Case Number:	CM14-0140933		
Date Assigned:	09/10/2014	Date of Injury:	06/10/2003
Decision Date:	11/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 Medicine, and is licensed to practice in Texas and Ohio. 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 54-year-old female who reported an injury on 06/10/2003. While conducting a clothed body search of an inmate, she strained her lower back. Diagnoses were status post L4-S1 fusion with possible symptomatic hardware, Cervical Radiculopathy, C5-T1 disc degeneration, C5-T1 Facet Arthroplasty, And Facet Arthroplasty L2-3 and L3-4. Past treatments were medications, physical therapy, and epidural steroid injections that actually made the injured worker have more pain. Diagnostic studies were an MRI on 05/01/2014 that revealed L2-3 and L3-4. There was mild facet Arthropathy bilaterally, which could be a pain source. There was no disc herniation, central spinal stenosis, or foraminal compromise at any level, status post interbody fusion at L4-5 and L5-S1. The fusions were intact. There was no recurrent stenosis of the central spinal canal, lateral recesses, or neural foramen. There was no evidence of postoperative arachnoiditis. X-rays revealed mild to moderate facet Arthropathy at the L2-3 and L3-4. Surgical history was status Post Discectomy and Fusion at the L4-5, L5-S1 on 01/23/2004. Physical examination on 07/25/2014 revealed ongoing pain that radiated to the arms and into the small finger. The pain was rated an 8/10 on the VAS scale. There were complaints of low back pain, with occasional numbness in the right great toe. Examination of the lumbar spine revealed on palpation tenderness over the L4-S1 levels. Sensory exam revealed decreased sensation over the right L5 dermatome distribution. Range of motion for the lumbar spine revealed flexion was to 5 degrees, extension was to 10 degrees, left lateral bend was to 15 degrees, and right lateral bend was to 15 degrees. Straight leg raise was negative bilaterally at 90 degrees. Treatment plan was for hardware blocks at L4-5 and L5-S1. There is a request for a pain management specialist to be authorized for cervical facet blocks at the C5-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6, page 163 Official Disability Guidelines (ODG)

Decision rationale: The decision for Pain Management Consultation, quantity 1, is medically necessary. The ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, and therapeutic management, determination of medical stability and permanent residual loss and/or exam fitness for return to work. The clinical information submitted for review does provide evidence to justify a referral to Pain Management Consultation. Therefore, this request is medically necessary.

Hardware Blocks at L4-5: Overturned

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 Low Back Chapter

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, Hardware Injection (Block)

Decision rationale: The decision for Hardware Blocks at L4-5 is medically necessary. The Official Disability Guidelines state hardware injection (block) is 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. The injured worker has been in constant pain since her injury. She has had 2 epidural steroid injections with no relief, medications, physical therapy. The clinical information submitted for review does provide evidence to justify a Hardware Block at L4-5. Therefore, this request is medically necessary.

Hardware Blocks L5-S1: Overturned

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 Low Back Chapter

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, Hardware Injection (Block)

Decision rationale: The decision for Hardware Blocks at L5-S1 is medically necessary. The Official Disability Guidelines state hardware injection (block) is 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. The injured worker has been in constant pain since her injury. She has had 2 epidural steroid injections with no relief, medications, physical therapy. The clinical information submitted for review does provide evidence to justify a Hardware Block at L5-S1. Therefore, this request is medically necessary.