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| Case Number: | CM15-0028455 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 02/17/2000 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 57 year old male who sustained an industrial injury on 02/17/2000. Diagnoses include myofascial pain syndrome, lumbar spondylosis, lumbar radiculopathy, and post laminectomy syndrome, status post fusion in 2001, revision of fusion in 2005, and anterior and posterior fusion in 2008. He has had previous fibular fractures on both legs that required fixation surgery, and then hardware removal. The fractures were as a result of the weakness he was having with his feet. Treatment to date has included medications, trigger point injections, and a spinal stimulator. A physician progress note dated 01/15/2015 documents the injured worker has complaints of low back pain that radiated down both legs into his feet, with intermittent numbness and tingling. Pain is rated as 8 out of 10 in severity. There is significant tenderness to palpation, circumscribed trigger points in the paravertebral muscles with evidence upon palpation of a twitch response as well as referred pain to surrounding musculature. There is severe limited range of motion in all directions. There is diminished sensation with numbness in L4, L5, and S1 dermatomes. Deep tendon reflexes are absent. Spinal stimulator was reprogrammed this date. The injured worker was actually without coverage for the last several months. Gait is antalgic and he uses a cane to ambulate. Treatment requested is for Instrumentation Blocks due to Pedicle Screws. On 01/28/2015, Utilization Review was non-certified and cited as California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Instrumentation Blocks due to Pedicle Screws: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57-58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block, page 57.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an Instrumentation block due to pedicle screws. MTUS guidelines state the following: This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. According to the clinical documentation provided and current MTUS guidelines; an Instrumentation block due to pedicle screws is indicated as a medical necessity to the patient at this time.