

<b>Case Number:</b>	CM15-0092749		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California

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 63 year old male, who sustained an industrial injury on 12/03/2001. He has reported subsequent low back pain and was diagnosed with status post lumbar fusion with residuals. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 04/09/2015, the injured worker complained of low back pain. Objective findings were notable for tenderness of the lumbar spine, hardware, and bilateral sacroiliac joints. A request for authorization of local hardware block under fluoroscopic guidance was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) hardware block under fluoroscopic guidance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hardware injection (block).

**Decision rationale:** With regard to this request, the ODG Low Back Chapter state the following regarding Hardware injection (block): "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)" In the case of this injured worker, there is prior lumbar hardware. Several notes document that there is continued severe pain and it is felt that the hardware may be contributing to this pain. In fact, there have been requests and consideration made to surgically remove the hardware. Given this clinical picture, it is appropriate to consider a diagnostic block to determine whether the hardware is a significant pain generator. This request is medically necessary.

**Unknown preoperative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery general information and ground rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back & Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

**Decision rationale:** Regarding the request for "medical clearance", the CA MTUS does not contain criteria for general medical preoperative clearance. The Official Disability Guidelines do contain criteria for preoperative EKG and lab testing. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things have been documented. In fact, the specific components of the preop clearance are not identified. Furthermore, if this is preoperative clearance prior to a hardware block, this is a low-risk procedure, and EKG is not necessary in these cases. It is still premature at this stage to do a pre-operative clearance for spine surgery if a diagnostic hardware block has not taken place yet to confirm the need for hardware removal surgery. Given this, the currently requested "medical clearance" is not medically necessary.