Matriarch
CONSULTING SERVICES

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December 18, 2017:

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of Lumbar Hardware Block L4-L5 22899 77003 A4530 J200 Q9967 S0020

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Board-certified Physical Medicine & Rehabilitation with sub-certification in Pain Medicine who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXXX XXXX who was injured on XXXX when XXXX was XXX and XXXX. Shortly after, XXXX developed lower back pain radiating into XXXX right leg. The claimant had a re-injury on XXXX with the mechanism of injury that XXXX XXX and fell and landed on XXXX lower back. Subsequent MRI imaging performed on XXXX demonstrated multilevel discogenic findings at L2-3 and L3-4 including posterior 3-mm disc protrusion / herniations at those levels impinging upon the thecal sac and narrowing the neural foramen bilaterally. The claimant subsequently underwent epidural steroid injections after failing conservative treatment. The claimant has a history of a prior discectomy and fusion procedure at L4-L5. The prior review notes that the claimant underwent a prior lumbar hardware block on XXXX which reportedly provided about 70% relief of pain and reduced the claimant's need for pain medication after the injection, and allowed XXXX to perform activities with slight discomfort. Prior physician review noted that hardware blocks are recommended generally for diagnostic evaluation of failed back surgery syndrome and that there was no clear indication for such a

procedure at this time. The review also notes that limited data is established to validate functional gains from the prior injection.

A treating physician note of XXXX to XXXX notes the claimant presented with constant low back pain. XXXX noted the claimant had undergone a lumbar hardware block previously which provided about 70% relief of pain and reduced the claimant's need for medication. The claimant also attended post injection therapy. XXXX concluded that overall the claimant was about XXX status post a lumbar hardware block injection and had about 85% relief since the prior injection which lasted about 6½ weeks. However, the claimant continued to have a right lower extremity radiculopathy. XXX noted the claimant was still exhibiting signs and symptoms of a lumbar disc herniation with a right lower extremity radiculopathy. XXXXX recommended a second lumbar hardware block at the L4-5 level, using this block to address the radiculitis and also to allow for post-injection therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This review is for an appeal of a requested lumbar hardware block at L4-L5. According to the Official Disability Guidelines the indications for hardware injections (block), is "only for diagnostic evaluation of failed back surgery syndrome for patients who had lumbar fusion with hardware and to determine if continued pain is caused by hardware. The medical records do not outline such a situation. The medical records instead indicate that the hardware block has been recommended not for diagnostic purposes but rather for therapeutic purposes. Moreover, the treatment is not for the failure of hardware but rather for treatment of radiculitis. The proposed indication for this treatment therefore is distinctly different from that recommended in the treatment guidelines. Neither the medical records nor treatment guidelines provide a rationale for such an exception. Therefore, this request is not medically necessary. The prior adverse determination should be upheld. The request for a repeat hardware block should be non-certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Low Back Chapter – (updated 08/02/2017)
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).