

Case Number:	CM13-0003952		
Date Assigned:	08/05/2013	Date of Injury:	11/29/2010
Decision Date:	01/02/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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.

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 underlying date of injury in this case is 11/29/2010. The patient's diagnoses include cervical sprain/strain with multilevel protrusions, bilateral shoulder impingement syndrome, bilateral acromioclavicular osteoarthropathy, lumbar sprain with lumbar radiculopathy in both lower extremities, L3-4 and L5-S1 lumbar herniated nucleus pulposus, and posttraumatic psychological disorder. An initial physician review notes that this request is provisionally non-certified given lack of clinical information requested but not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

one Percutaneous Epidural Decompression Neuroplasty of the Lumbrosacral Nerve Roots w/ Facet Blocks between 8/5/2011 and 8/5/2011: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Provisional Disability Guidelines/Treatment and Workers' Compensation, Low

Decision rationale: Epidural neuroplasty is not discussed in the California guidelines. Provisional disability guidelines/treatment and Workers' Compensation/low back discusses this

treatment under the heading of adhesiolysis. This guideline states "Under study with current research showing promising results for radicular pain." This treatment, thus, might be indicated, but the guidelines in specific circumstances with discussion in detail with past treatment and the rationale for this requested treatment which could be considered either investigational or 2nd-line treatment. The medical records contained very limited information with the rationale for this request. Therefore, it is not supported by the guidelines. The request for one Percutaneous Epidural Decompression Neuroplasty of the Lumbrosacral Nerve Roots w/ Facet Blocks between 8/5/2011 and 8/5/2011 is not medically necessary and appropriate.