MAXIMUS Federal Services

Case Number:	CM13-0010213		
Date Assigned:	11/01/2013	Date of Injury:	11/05/2010
Decision Date:	01/21/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/12/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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. 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 patient is a 42-year-old female who reported an injury on November 5, 2010. The mechanism of injury was noted to be sudden onset of pain during her usual work activities, which included bending down to check pallets with boxes, squatting, and getting up from squatting and bending. The patient's symptoms are noted to be constant low back pain with radiation to her lower extremities, rated as 9/10, in the most recent office note, dated June 19, 2013. Objective findings include decreased range of motion of the lumbar spine, positive left straight leg raise, positive Braggards test on the left side, positive Kemp's test bilaterally, decreased sensation at the L4 dermatome and at L5-S1 dermatome in the left lower extremity, and her motor strength in her left lower extremity was decreased to 4+/5. Her diagnoses are listed as lumbar disc protrusion, lumbar radiculopathy, and status post lumbar surgery in January 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a lumbar caudal injection with nerve root decompression using enzymatic neurolysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Adhesiolysis, percutaneous.

Decision rationale: The California MTUS Guidelines state the criteria for epidural steroid injections (ESI) include radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and the patient should be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. The ODG state percutaneous adhesiolysis is not recommended due to the lack of sufficient literature evidence. It is noted that with this procedure, epidural injection of local anesthetic and steroid is also performed. It has been suggested the purpose of this intervention is to eliminate the effect of scar formation, allowing for direct application of the drugs to the involved nerves and tissue, but the exact mechanism of success has not been determined. The patient does have positive objective findings consistent with radiculopathy, as well as history of electrodiagnostic testing and MRIs which revealed findings of radiculopathy. Additionally, it is noted that the patient has failed conservative treatments as required by the guidelines for an ESI. However, as the guidelines do not recommend adhesiolysis at this time, the request is not supported. Therefore, the requested service is non-certified.