

Case Number:	CM13-0032883		
Date Assigned:	12/06/2013	Date of Injury:	09/03/2010
Decision Date:	07/30/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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. The expert reviewer is Board Certified in Orthopedic Spinal Surgeon and is licensed to practice in New York. 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/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 49-year-old female. The patient has chronic low back pain. The medical records do not document evidence of conservative measures. The medical records do not document the patient's physical exam findings or imaging studies. Included medical records are lacking with respect to this patient's presentation, physical exam findings, and imaging studies. Documentation of prior treatment is also lacking. At issue is whether cauda equina decompression neuroplasty is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL DECOMPRESSION NEUROPLASTY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low back chapter.

Decision rationale: Evidence-based guidelines do not support the use of epidural neuroplasty. Epidural neuroplasty is considered experimental procedure. There is no peer review literature to support the use of epidural neuroplasty. More outcomes refers is needed to define the

complications of long-term outcomes of epidural neuroplasty. Epidural neuroplasty is experimental at this time and guidelines do not support the use of epidural neuroplasty. Given the above the request is not medically necessary.