

<b>Case Number:</b>	CM13-0043863		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine and 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 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 injured worker is a 52-year-old female who reported an injury on 11/04/2010 due to a slip and fall. The injured worker complained of low back pain that radiated to the left lower extremity. On physical examination dated 09/27/2013, there was tenderness to palpation bilateral L4-5, L5-S1 facet joint. Straight leg raising was positive on the left at 45 degrees. Patrick sign negative bilaterally. The injured worker's diagnosis was displaced intervertebral disc lumbar. The injured worker's medication was Norco 10/325 mg, Zanaflex tablets 4 mg. The injured worker's past treatments diagnostics was MRI of the lumbar spine dated 06/12/2013. The impression was likely 5 mm extruded disc component left paracentrally at L5-S1 close to exiting left S1 nerve root, mild diffused disc bulging at L4-5. The request for authorization form and rationale for the request were not provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAIN MANAGEMENT SPECIALIST FOR POSSIBLE INJECTION TO LUMBAR SPINE THROUGH CAUDAL APPROACH: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The request for pain management specialist for possible injection to lumbar spine through caudal approach is medically necessary. The Official Disability Guidelines (ODG) recommends as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The injured worker has significant pain and findings suggestive of possible neurological dysfunction, with clinical documentation to support pain specialist office visit. Therefore, the request is medically necessary.

#### **POSSIBLE INJECTION TO LUMBAR SPINE THROUGH CAUDAL APPROACH:**

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 Injections page(s) 46 Page(s): 46.

**Decision rationale:** The request for possible injection to lumbar spine through caudal approach is not medically necessary. The California Medical Treatment Utilization Schedule guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on an MRI. The injured worker complained of low back pain, MRI revealed nerve root involvement. There was not enough of documentation of radiculopathy or neurological deficit's on most recent physical examination. There was no documentation of conservative care towards the lumbar spine. Therefore, the injured worker does not meet the criteria for injection at this time. Given the above, the request is not medically necessary.

#### **LYSIS OF ADHESIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The request for lysis of adhesions is not medically necessary. The Official Disability Guidelines indicate that this procedure is not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). Also referred to as epidural neurolysis, epidural neuroplasty, or lysis of epidural adhesions, percutaneous Adhesiolysis is a treatment for chronic back pain that involves disruption, reduction, and/or elimination of fibrous tissue from the epidural space. Lysis of adhesions is carried out by catheter manipulation and/or injection of saline (hypertonic saline may provide the best results). Epidural injection of local anesthetic and steroid is also performed. It has been suggested that the purpose of the intervention is to eliminate the effect of scar formation, allowing for direct application of drugs to the involved nerves and tissue, but the exact mechanism of success has not been determined. There was no clinical rationale documented as to the intent to conduct Adhesiolysis in order to administer drugs closer to the nerve or that there was a small suspicion of adhesions blocking access to the nerve. Therefore, the request is not medically necessary.

**MEDICATION MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints ,Office Visits.

**Decision rationale:** The request for medication management is not medically necessary. The Official Disability Guidelines recommends as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Although the injured worker is complaining of low back pain with radiation of pain to her lower extremities, there was already a request granted for pain management specialist; therefore medication management can be discussed with provider during the clinical visit, the request for medication management is not medically necessary.