

<b>Case Number:</b>	CM13-0049860		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old male who reported an injury on 06/24/2010. On 06/10/2010, the injured worker was attending a construction meeting at a job site and was helping another person move a 6 foot round heavy table approximately 50 feet when he experienced lower back pain. The injured worker continued full job duties thinking his pain would go away and reported injury on 06/24/2010. The injured worker was treated with heat, a TENS unit, and physical therapy. The documentation of 10/22/2013 revealed the injured worker had complaints of low back pain radiating to the left lower extremity to the low of the foot. The pain level was increased with an average pain of 10/10 with medications and 10/10 without medications. The clinical documentation indicated the injured worker was status post lysis of adhesions at the left L4-S1 on 07/25/2013 and reported good 50% to 80% overall improvement. The injured worker reported significant functional improvement, improved mobility, improved sleep, and a decrease in pain medication requirements. The duration of improvement was 2 months. The objective physical examination revealed the injured worker's range of motion was severely reduced secondary to pain and pain was increased with flexion and extension. The injured worker had spinal vertebral tenderness at the level of L4-S1. The sensory examination showed decreased touch in the left lower extremity. The diagnoses included lumbar radiculopathy, lumbar facet arthropathy, status post lumbar fusion L5-S1, and chronic pain other. The treatment plan included a B12 injection IM, a Toradol injection IM, and a request for percutaneous lysis of lumbar epidural adhesions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 LYSIS OF LUMBAR EPIDURAL ADHESIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK DISORDERS ADHESIOLYSIS

**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 CHAPTER, PERCUTANEOUS ADHESIOLYSIS.

**Decision rationale:** Official Disability Guidelines do not recommend percutaneous adhesiolysis due to the lack of sufficient medical evidence for the procedure. The clinical documentation submitted for review indicated the injured worker had undergone an adhesiolysis of the left L4-S1 level on 07/25/2013 and had significant relief. However, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the laterality for the requested procedure. The physician documentation indicated the lysis was for the left L4-S1 level. Given the above, the request for L4-S1 lysis of lumbar epidural adhesions is not medically necessary.