

<b>Case Number:</b>	CM13-0055071		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/22/1998
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Surgery 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 with the date of injury June 22, 1998. She tripped and fell to the ground injuring her ankles feet and knees. She also complains of chronic low back pain and bilateral lower extremity pain. Treatment history includes physical therapy, Idet failure, L5-S1 fusion surgery with cage in 2005. The patient had a CT scan revealed no effusion. She has also had epidural steroid injection. She is not a candidate for spinal cord stimulator. She had a trial of spinal cord stimulator which failed. She continues to complain of chronic low back pain. On physical examination she has tenderness to paraspinal muscles and facet joints. Straight leg raising is positive. Range of motion is restricted. She has pain in both legs and L4-S1 dermatomes. At issue is whether adhesiolysis is medically necessary. The patient has had multiple treatments for her chronic low back pain without success including a previous adhesiolysis without success.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Epidural adhesiolysis at L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Adhesiolysis, percutaneous.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Adhesiolysis, percutaneous

**Decision rationale:** This patient has had prior adhesiolysis and caudal epidural steroid injection 2000 and without any documented relief. She is also in physical therapy without any documented relief in her chronic pain. The patient has had lack of significant positive response to extensive treatments for her low back pain dating back 15 years. She has had lumbar decompression and fusion, IDET, lumbar ESI treatment, adhesiolysis, spinal cord stimulator trial, pain pump trial, physical therapy and TENS unit along with medications. The patient continues to have chronic low back pain. The efficacy of adhesiolysis in the lumbar spine has not been shown to be effective based on evidence-based clinical research to date. In addition, the patient had a trial of this procedure without success. Established criteria do not recommend the use of adhesiolysis. More literature is needed to establish the risks versus benefits fracture of adhesiolysis. Her procedure remains experimental and is not medically necessary.