

Case Number:	CM13-0072246		
Date Assigned:	07/23/2014	Date of Injury:	05/29/1999
Decision Date:	08/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/30/2013

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 Nevada. 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 records presented for review indicate that this 47 year-old male was reportedly injured on May 29, 1999. The mechanism of injury is noted as a fall from a piece of equipment. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of low back pain. Diagnostic imaging studies objectified post-operative changes. Previous treatment includes epidural steroid injections, lumbar laminectomy and fusion, multiple pain management interventions, and multiple medications. A request was made for lysis of adhesions and was not certified in the pre-authorization process on November 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidurography lysis of adhesions and hypertonic saline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, updated July, 2014.

Decision rationale: The use of a saline solution such as this to lysis adhesions is also known as prolotherapy. As outlined in the Official Disability Guidelines, this is not recommended. There is

conflicting data relative to the effectiveness of such interventions. There is no noted lasting functional improvement relative to low back pain. Therefore, based on the date of injury, the injury sustained, and the parameters outlined in the Official Disability Guidelines, there is insufficient medical evidence to support the medical necessity of such an intervention.