

Case Number:	CM14-0114456		
Date Assigned:	08/04/2014	Date of Injury:	12/02/1996
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/22/2014

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 Neurological Surgery 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 54 year-old female who was reportedly injured on December 2, 1996. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 18, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5'2, 171 pound individual who is normotensive. There is tenderness to palpation and muscle spasms are noted in the cervical region of the spine. A decrease in lumbar spine range of motion is noted. Diagnostic imaging studies objectified surgical changes. Previous treatment includes surgery, multiple medications, and multiple pain management techniques. A request was made for a RACZ Catheter Procedure (Epidural Neurolysis) and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumber Spine RACZ Catheter Procedure (Epidural Neurolysis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary (Updated 05/12/2014).

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 August, 2014.

Decision rationale: As outlined in the Official Disability Guidelines this procedure is not recommended. There is insufficient clinical data in the literature to support this request. Furthermore, there is no mention of such a procedure in the most recent progress notes. Therefore, it is unclear which maladies are being addressed with this intervention. Based on the limited clinical information presented for review this request is not medically necessary.