

Case Number:	CM14-0161693		
Date Assigned:	10/07/2014	Date of Injury:	04/26/2012
Decision Date:	11/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic 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:

This is a 26 year-old male with a 4/26/12 date of injury to his lower back, which occurred when he was moving cash registers. X-ray findings included degenerative disc disease and disc collapse at L5-S1, with retrolisthesis of L5 over S1, as well as bilateral facet hypertrophy at L4-5 and L5-S1. An MRI dated 2/11/13 showed right-sided postsurgical changes, and mild central stenosis due to approximately 2 mm central posterior protrusion of disc and mild bilateral facet hypertrophy. He underwent a bilateral L5-S1 facet block on 4/21/14, and reported an approximate 50% reduction in pain for about 1 week following the procedure. The patient was most recently seen on 7/22/14 with complaints of constant low back pain that averages 5/10, but can increase to 8-10/10 with particular activities. Exam findings revealed tenderness and guarding in the lumbar paraspinal musculature, particularly the L5-S1 level. Range of motion of the lumbar spine is decreased secondary to pain, especially with extension. Examination of the lower extremities was unremarkable. No neurological exam was documented. The patient's diagnoses included: 1) status post microdecompression, L5-S1, 09/27/12. 2) Facet arthropathy, L5-S1. 3) Retrolisthesis, L5-S1. The medications included Ibuprofen, Gabapentin, and Ambien. Significant Diagnostic Tests: MRI, lumbar spine, X-rays, lumbar spine. Treatment to date: Bilateral facet injections, L5-S1 microdecompression. An adverse determination was received on 9/4/14 due to the patient not having undergone a diagnostic medial branch block, which the Guidelines stipulate as the precursor to RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural lysis multi sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Diagnostic Blocks (injections) and Radiofrequency Ablation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Epidurolysis

Decision rationale: CA MTUS does not address this issue. ODG states that epidural neurolysis 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. This patient has been treated for a low back injury that occurred 2-1/2 years ago. He had an L5-S1 microdecompression in 2012, but continued to experience constant back pain, worse with extension, that ranges from 5/10 to 8-10/10. On 4/21/14 he underwent a bilateral L5-S1 facet block, with facet arthrogram. Review of the operative report confirms that the procedure was, in fact, a facet block, and not a diagnostic medial branch block. However, there are no circumstances outlined that would warrant epidurolysis despite adverse evidence. The records from the requesting provider seem to request a facet RFA rather than an epidural neurolysis, and the request as submitted is not corroborated by medical reports from the requesting provider. Therefore, the request for Epidural lysis multi sessions is not medically necessary.