MAXIMUS Federal Services

Case Number:	CM14-0031913		
Date Assigned:	06/20/2014	Date of Injury:	01/19/2007
Decision Date:	08/14/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 60-year-old male who reported an injury on 01/19/2007 due to lifting a heavy object. The injured worker had a history of lower back pain that radiated to the right leg, lower calves, ankles and toes. The injured worker had a diagnosis of chronic lower back pain, chronic lower extremity pain and chronic right lumbar radicular pain. The injured worker had an MRI of the lumbar spine dated 12/21/2012 that revealed status post an L5-S1 laminectomy with some minimal residual left osteophytic ridging. The MRI dated 02/12/2013, of the lumbar spine revealed a post-discectomy collapse at the L5-S1 with severe disc space degeneration without instability or significant stenosis. The objective findings dated 10/22/2013 of the lumbar spine revealed a well-healed incision; range of motion had not changed. The forward flexion was at 30 degrees, extension to the sacrum is 0 degrees and the T12 was 10 degrees. Straight leg raise on the right caused increased pain with flexion at 30 degrees, and the straight leg raise on the left was at 80 degrees without difficulty. The injured worker had an antalgic gait with muscle spasms and tenderness over the right paralumbar region with muscle guarding. The medications included temazepam and Norco. The injured worker rated his pain at a 5/10 to 6/10 using the VAS. The treatment plan included stretching exercises. The Request for Authorization was not submitted with the documentation. The rationale for the Racz procedure for the lumbar spine was that if the injured worker was denied for the spinal stimulator implant, they would proceed with the Racz procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RACZ (Epidurolysis) procedure for the Lumbar Spine under Fluoroscopy: 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) - TWC, Online Edition Chapter: Low Back - Lumbar & Thoracic 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, Adhesiolysis, percutaneous.

Decision rationale: RACZ is not recommended per Official Disability Guidelines due to the lack of sufficient literature evidence. 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. Lysis of adhesions is carried out by catheter manipulation and/or injection of saline Epidural injection of local anesthetic and steroid is also performed. All conservative treatment modalities have failed, including epidural steroid injections. The documentation did not provide physical therapy records. Objective findings did not warrant the need for a lumbar Racz procedure. The request did not specify the level at which the lumbar spine procedure would be performed. As such, the request is not medically necessary and appropriate.