

<b>Case Number:</b>	CM14-0036879		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/02/1996
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 reported an injury on 12/02/1996 due to a fall. On 05/21/2014, it was noted that the injured worker presented with neck, knee, and lower back pain. Upon examination of the neck, there was tenderness to palpation and bilateral spasm over the cervical paraspinal musculature and upper trapezius musculature. There was limited cervical range of motion that elicited pain and tenderness to palpation over the paralumbar musculature with tenderness, spasm and limited range of motion. Additionally there was lower extremity tenderness and edema to the medial joint line of the knee and full, but painful range of motion. The diagnoses were postlaminectomy syndrome, leg pain, myofascial hypertonicity/mild spasm and knee pain. Prior treatment included back surgery, medications, ice, and heat therapy. The provider recommended a caudal adhesiolysis with RacZ catheter. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal Adhesiolysis with RACZ Catheter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

**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.

**Decision rationale:** The request for a Caudal Adhesiolysis with Racz catheter is not medically necessary. The Official Disability Guidelines do not recommend caudal adhesiolysis due to the lack of sufficient literature evidence. It has been suggested that the purpose of the intervention is to eliminate the effect of scar formation, directing for direct application of drugs to the involved nerves and tissues, but the exact mechanism of success has not been determined. There is a large amount of variability in the technique used and the technical ability of the physician appears to play a large role in the success of the procedure. In addition, research into the identification of the injured worker who is best served by this intervention remains largely uninvestigated. Criteria for an adhesiolysis, if the provider or peer agree to perform outside of the guideline recommendations, include a 1 day protocol as preference over a 3 day protocol, conservative treatment modalities have failed, the physician intends to conduct the adhesiolysis in order to administer drugs closer to a nerve, physician documents strong suspicion of adhesions blocking access to the nerve, and adhesions blocking access to the nerve have been identified by an MRI or fluoroscopy during epidural steroid injections. Included documentation lacked evidence that conservative treatment modalities have failed including epidural steroid injections, and no documentation that references adhesions blocking access to the nerve or suspicion of, and there was no treatment plan submitted to include that the physician intended to conduct an adhesiolysis or that a 1 day protocol was recommended. There is no MRI or results of an epidural steroid injection fluoroscopy that identify adhesion blocks, the epidurogram with myelographic interpretation of contrast distribution dated 09/17/2013 was interpreted normal at each level. As the guidelines do not recommend adhesiolysis, the procedure would not be warranted. As such, the request is not medically necessary.