MAXIMUS Federal Services

Case Number:	CM15-0132334		
Date Assigned:	07/20/2015	Date of Injury:	10/04/2008
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 54-year-old male who sustained an industrial injury on 10/04/08. Injury occurred when he fell down a flight of stairs holding a 52-inch television. Past surgical history was positive for anterior lumbar interbody fusion at L5/S1 on 7/6/10. Past medical history was positive for chronic obstructive pulmonary disease and hypertension. The 10/9/14 lumbar spine MRI with and without contrast impression documented a large central and left paracentral L4/5 disc extrusion combined with facet arthropathy resulting in moderate central stenosis and bilateral subarticular recess narrowing, worse on the left. The traversing left L5 nerve was compressed. The disc also contacted and deflected the traversing right L5 nerve root. The 4/9/15 treating physician report cited increased low back pain and bilateral leg pain. Physical exam documented tenderness, decreased range of motion, spasms, decreased sensation, and positive straight leg raise. Imaging demonstrated moderate to severe stenosis with L4/5 herniated nucleus pulposus. The treatment plan recommended an epidural steroid injection at L4/5. If the injured worker did not improve, an L4/5 laminectomy with posterior spinal fusion was recommended. The 6/11/15 pain management report cited constant grade 7-10/10 low back pain radiating into the gluteal area and left leg. Two prior epidural steroid injections were not helpful. Physical exam documented low back pain with seated straight leg raise on the left, decreased sensation over the left calf and bottom of the left foot, 5/5 lower extremity strength, normal reflexes, lumbosacral tenderness to palpation, decreased range of motion, and a mild limp secondary to left leg pain. Imaging revealed a large disc extrusion at L4/5 towards the left. Authorization was requested for percutaneous lysis of adhesions and left L4/5 epidural steroid injection with post injection physical therapy. The 6/23/15 utilization review non-certified the request for lysis of adhesions as there was no specific rationale provided to support the medical necessity of this procedure. Records indicated that the epidural steroid injection and post-injection physical therapy was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lysis of adhesion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Surgery for adhesive capsulitis.

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 ½ Lumbar & Thoracic: Percutaneous epidural neuroplasty; Adhesiolysis, percutaneous.

Decision rationale: The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines state that percutaneous adhesiolysis is not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). Patient selection criteria for adhesiolysis was provided if provider & payor agree to perform anyway. Criteria include: All conservative treatment modalities had failed, including epidural steroid injection. The physician intends to conduct the adhesiolysis in order to administer drugs closer to a nerve; The physician documents strong suspicion of adhesions blocking access to the nerve; and, Adhesions blocking access to the nerve have been identified by Gallium MRI or fluoroscopy during epidural steroid injections. Guideline criteria have not been met. A current epidural steroid injection is planned at the level above the prior fusion with no evidence that this would not be effective. There is no discussion in the pain management report raising suspicion of adhesions blocking access to the nerve. A contrast MRI has been performed with no documentations of adhesions blocking access to the nerve. Therefore, this request is not medically necessary.