

Case Number:	CM15-0134399		
Date Assigned:	07/22/2015	Date of Injury:	01/02/1991
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 55 year-old male who sustained an industrial injury on 01/02/1991. He reported low back pain after lifting. Initial diagnoses are not available. Current diagnoses include lumbar disc degeneration, herniated nucleus pulposus, and lumbar stenosis. Diagnostic testing and treatment to date has included MRI, urinalysis evaluation, multiple lumbar fusions, hardware removal, physical therapy, epidural blocks, and pain medication management. In an available to date progress note on 04/28/15, the injured worker complains of pain in the lumbar region that radiates to his right leg, with numbness, tingling, and weakness for about 2 months. Physical therapy and epidural injections have provided minimal relief. Anti-inflammatory medication provides no relief. Physical examination of the lumbar spine is remarkable for decreased sensation over upper leg L1 left, and L1 right. Requested treatments include caudal with fluoroscopy with catheter and with lysis of adhesions, Toradol 60mg IM (intramuscular) injection, and facility outpatient. The injured worker's status is not addressed. Date of Utilization Review: 06/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM (intramuscular) injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 72.

Decision rationale: Toradol 60mg IM (intramuscular) injection is not medically necessary per the MTUS Guidelines. The MTUS states that Ketorolac (Toradol, generic available) is not medically necessary as this medication is not indicated for minor or chronic painful conditions. The documentation indicates that the patient's condition is chronic therefore this medication is not medically necessary.

Facility (outpatient): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic)-Adhesiolysis, percutaneous.

Decision rationale: Facility (outpatient) is not medically necessary as the request for caudal with fluoroscopy with cath and lysis of adhesions was determined not medically necessary per the MTUS Guidelines and the ODG. The MTUS does not address lysis of adhesions. The ODG states that adhesiolysis is not recommended and that given the limited evidence available for percutaneous epidural adhesiolysis it is recommended that this procedure be regarded as investigational at this time. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation is not clear that the patient has had a 6-8 week reduction in medications from prior epidural steroid injections and the guidelines do not support adhesiolysis therefore this entire request including facility (outpatient) is not medically necessary.

Caudal with fluoroscopy with cath and with lysis of adhesions: 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), Low Back-Lumbar & Thoracic (Acute & Chronic): Adhesiolysis, spinal endoscopic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic)-Adhesiolysis, percutaneous.

Decision rationale: Caudal with fluoroscopy with cath and with lysis of adhesions is not medically necessary per the ODG and the MTUS Guidelines. The MTUS does not address lysis of adhesions. The ODG states that adhesiolysis is not recommended and that given the limited evidence available for percutaneous epidural adhesiolysis it is recommended that this procedure be regarded as investigational at this time. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation is not clear that the patient has had a 6-8 week reduction in medications from prior epidural steroid injections and the guidelines do not support adhesiolysis therefore this entire request is not medically necessary.