

Case Number:	CM15-0141457		
Date Assigned:	07/31/2015	Date of Injury:	09/05/2014
Decision Date:	08/27/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

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

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 43 year old male, who sustained an industrial injury on 9-5-14. He has reported initial complaints of low back injury after falling while holding a roll of carpet. The diagnoses have included lumbar strain and sprain with development of right radiculopathy, lumbar Herniated Nucleus Pulposus (HNP), status post lumbar surgery dated 2-19-15, and persistent right radiculopathy. Treatment to date has included activity modification, medications, surgery, chiropractic, physical therapy, acupuncture, pain management, injections and medications. Currently, as per the physician initial pain management consultation progress note dated 6-15-15, the injured worker complains of pain in the back and right leg described as burning, throbbing and numbness. The current medications included Oxycodone and Percocet. The objective findings reveal that the lumbar exam shows tenderness to palpation and decreased range of motion. There is positive sitting straight leg raise on the right for leg and back pain. The diagnostic testing that was performed included X-ray and Magnetic Resonance Imaging (MRI) of the lumbar spine. The physician notes that the post-operative Magnetic Resonance Imaging (MRI) of the lumbar spine reveals evidence of right perineural post-surgical fibrosis and granulation tissue, which may cause L5-S1 nerve root irritation. The report is not noted in the records. The physician requested treatment included L5-S1 Chemical lysis of adhesions quantity of 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Chemical lysis of adhesions QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Lumbar & Thoracic (Acute & Chronic), Adhesiolysis, percutaneous.

Decision rationale: The claimant sustained a work injury in September 2014 and underwent a microdiscectomy in February 2015. He continues to be treated for persistent right lower extremity radicular symptoms. An MRI of the lumbar spine in April 2015 included findings of postsurgical fibrosis and granulation tissue and a residual right lateralized disc protrusion. When seen, there was lumbar spine tenderness with decreased range of motion. There was decreased right lower extremity sensation with positive straight leg raising. The claimant's BMI is over 41. Authorization for an epidural injection as well as epidurolysis was requested. Adhesiolysis is not recommended due to the lack of sufficient literature evidence of efficacy and safety. If the provider and payor agree to perform it anyway, criteria include that all conservative treatment modalities have failed, including epidural steroid injections. In this case, in addition to not being recommended, the claimant has not failed a trial of an epidural steroid injection. The request is not medically necessary.