

<b>Case Number:</b>	CM15-0206993		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	07/11/2008
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male who sustained an industrial injury on 7-11-08. A request for authorization dated 8-26-15 notes a diagnosis of lumbar post laminectomy syndrome. Objective findings (9-22-15) include "stenosis, question of arachnoiditis L5-S1" is noted. An MRI of the lumbar spine (2-13-15) reveals an impression of: "1. Retrolisthesis is 2mm at L5-S1; levoscoliosis is mild near L3; disc degeneration is mild to moderate from L1-L2 through L5-S1; reactive marrow edema is moderate at L5-S1 and mild to moderate at L3-L4, all stable. 2. L3-L4 mild to moderate left and mild right foraminal stenosis, unchanged. 3. L4-L5 posterioir epidural seroma causing moderate central canal stenosis; new; moderate bilateral foraminal stenosis, unchanged. 4. L5-S1 posterior epidural seroma causing mild to moderate left lateral recess stenosis near the left S1 nerve root, new, moderate to severe left and mild right foraminal stenosis, unchanged. 5. question of arachnoiditis at L5-S1." Electromyography-nerve conduction study (9-17-14) is noted as "left L5 and L4 chronic radiculopathy." An MRI of the lumbar spine (8-31-15) reveals an impression of "Interval resolution of collection in the surgical bed. Persistent finding suspicious for arachnoiditis at L5-S1." A Myelogram of the lumbar spine (9-11-15) reveals the impression of "evidence for some degree of adhesions in the lower lumbar spinal canal." Previous treatment includes physical therapy, chiropractic adjustment, lumbar epidural injections, and surgery. The requested treatment of 2 epiduroscopy was non-certified on 10-14-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **2 Epiduroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers' Compensation. Low back pain medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation; 2014 Feb 3. 112 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, Adhesiolysis.

**Decision rationale:** This claimant was injured in 2008. There is a question of arachnoiditis. The MRI also raised the question at L5-S1. A Myelogram showed evidence of some degree of adhesions. Epiduroscopy is used in the context of confirming the presence of adhesions in the epidural space, and then typically to move forward to adhesiolysis. The intent of the procedure is to lyse adhesions if present. MRI however can also be used to identify adhesions, and is not invasive. Regarding adhesion lysis by epiduroscopy, the MTUS is silent. The ODG notes it is not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). Only an epiduroscopy is proposed [without adhesiolysis]. The scope alone would only tell whether or not the patient has adhesions, which the other studies already confirm the patient has. There is therefore no need I can discern from the records for this test. Also, in this case, it is not clear all conservative modalities have failed. The request is not medically necessary and appropriately not certified.