

Case Number:	CM14-0143453		
Date Assigned:	09/10/2014	Date of Injury:	01/06/2003
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/04/2014

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 53-year-old female who reported an injury on 01/06/2003 after she was rear ended by another vehicle. The injured worker complained of pain to the lower back that she rated a 10/10 and neck pain was rated 2/10. The diagnosis included cervical disc disease, cervical radiculopathy, status post lumbar laminectomy, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. The diagnostics included an MRI of lumbar spine that revealed multilevel degenerative disc disease with facet arthropathy at the L3-4 and status post laminectomy with hypertrophic changes in the facet joint granulation tissues. The physical examination dated 07/22/2014 of the lumbar spine included a flexion of 60 degrees and extension of 10 degrees with normal lordosis and alignment. There was diffuse tenderness over the paravertebral musculature and facet tenderness was moderate over the L4 and S5 levels. Negative impingement sign, abnormal lordosis, tenderness was moderate with muscle spasms over the paravertebral muscular and bilateral trapezius muscle. Axial head compression was positive bilaterally. Spurling's sign positive bilaterally. Facet tenderness was tender to palpation over the L4 to the L7 levels. The flexion was 20 degrees and extension 30 degrees. The past treatments included drug therapy, activity modifications, and physical therapy and epidural steroid injections. The treatment plan included a urine drug screen and a neurolysis of epidural adhesives of the left S1 nerve root. The Request for Authorization dated 07/22/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurolysis of epidural adhesions of the left S1 nerve root: 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 Chapter- Adhesiolysis, percutaneous

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 Adhesiolysis, percutaneous

Decision rationale: The Official Disability Guidelines do not recommend due to a lack of sufficient literature evidence. Also referred to as epidural neurolysis, epidural neuroplasty or lysis of epidural adhesions percutaneous adhesiolysis is a treatment for chronic back pain that involves disruption, reduction and/or elimination of fibrous tissue from an epidural space. As the ODG do not recommend this treatment, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The MTUS Chronic Pain Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs and may also be used in conjunction with a therapeutic trial of opiates, for ongoing management, and as a screening for risk or misuse or addiction. The documentation provided for review did not indicate if the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. It was unclear if the last drug screen was performed. As such, the request is not medically necessary.