

<b>Case Number:</b>	CM15-0114649		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 56 year old female who sustained an industrial injury on 06/11/12. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, physical therapy, acupuncture, a TENS unit, and injections. Diagnostic studies are not addressed. Current complaints include back, hip, front side pain, as well as right knee/ankle/calf/foot pain and left foot pain. Current diagnoses include failed back surgery syndrome, rule out right hip pathology and right hip bursitis. In a progress note dated 05/18/15 the treating provider reports the plan of care as a caudal epidural steroid injection with a Racz catheter, a right hip MRI, and medications including Naprosyn and Prilosec. The requested treatments include as a caudal epidural steroid injection with a Racz catheter and a right hip MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection with Racz Catheter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 199. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

**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 June 2012 and underwent lumbar spine surgery in May 2014. She is being treated with a diagnosis of failed back surgery syndrome. When seen, there was positive right straight leg raising and positive February and right thigh thrust tests. There was right trochanteric tenderness. There was a normal neurological examination. An MRI scan of the lumbar spine including the use of contrast included findings of multilevel postoperative changes and right lateralized L5-S1 foraminal narrowing with increased soft tissue in the lateral recess and foramen. Treatments have included lumbar epidural injections. Authorization for a caudal epidural injection with Racz catheter and adhesiolysis was requested. Lysis of adhesions is carried out by catheter manipulation and/or injection of saline and epidural injection of local anesthetic and steroid is also performed. It has been suggested that the purpose of the intervention is to eliminate the effect of scar formation, allowing for direct application of drugs to the involved nerves and tissue, but the exact mechanism of success has not been determined. There is a large amount of variability in the technique used, and the technical ability of the physician appears to play a large role in the success of the procedure. Adverse reactions include dural puncture, spinal cord compression, catheter shearing, infection, excessive spinal cord compression, hematoma, bleeding, and dural puncture. Adhesiolysis is not recommended by ODG. If the provider and payor agree to perform it anyway, criteria that all conservative treatment modalities have failed, including epidural steroid injections and that adhesions blocking access to the nerve have been identified by Gallium MRI or fluoroscopy during epidural steroid injections. In this case, in addition to being a non-recommended procedure, there is no report of adhesions blocking access to the target nerve such as might have been demonstrated during the epidural steroid injections performed. The request is not medically necessary.