

Case Number:	CM15-0118750		
Date Assigned:	06/29/2015	Date of Injury:	11/13/1999
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 49-year-old female who sustained an industrial injury on 11/13/99. The 1/8/13 lumbar spine MRI impression documented a 3-4 mm concentric posterior disc bulge at L5/S1 with moderate bilateral foraminal stenosis. At L4/5, there was combined degenerative disc and facet changes resulting in mild central canal and mild to moderate bilateral foraminal stenosis. There was a conspicuous annular fissure in the right posterolateral margin of the disc interspace extending to the peripheral annular fibers. The 5/27/15 treating physician report cited mid-back pain to the sacrum radiating down the right buttock and lateral leg to the lateral foot and small toe. She reported 90% relief of pain and functional improvement with opioid medications. She reported that her legs felt very weak and she often fell to the ground due to the weakness and pain. Pain was worse with all movement, and better with medications, long hot showers, and TENS unit. Physical exam documented slow and guarded gait, and back pain to light palpation diffusely. She was unable to flex, extend, right lateral flex, or rotate at the waist, and lateral flexion was limited to 10 degrees on the left. There were diffuse lower lumbar muscle spasms, and positive straight leg raise bilaterally. Lower extremity deep tendon reflexes were +1 and symmetrical bilaterally. Sensation was intact over the lower extremities bilaterally. The most recent MRI on 9/27/14 revealed multilevel lumbar degenerative disc disease and right L5/S1 disc bulge with subsequent severe right and moderate left neuroforaminal narrowing. The injured worker has undergone multiple epidural steroid injection with temporary relief, and given her significant pain another epidural steroid injection was requested. A neurosurgical opinion had been recommended but had been denied. A right L5/S1 percutaneous adhesiolysis procedure was requested. The treating physician opined that the Official Disability Guidelines were not applicable as there was newer research that supported efficacy. The 6/4/15 utilization review non-certified the request for percutaneous adhesiolysis with anesthesia at right L5-S1 based on an absence of guideline support for this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous adhesiolysis with anesthesia at right L5-S1: 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).

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 ½ Lumbar & Thoracic: Percutaneous epidural neuroplasty; Adhesiolysis, percutaneous.

Decision rationale: The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines, updated 7/17/15, state that percutaneous adhesiolysis is not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). Patient selection criteria for adhesiolysis was provided if provider & payer agree to perform anyway. Criteria include: All conservative treatment modalities had failed, including epidural steroid injection; the physician intends to conduct the adhesiolysis in order to administer drugs closer to a nerve; the physician documents strong suspicion of adhesions blocking access to the nerve; and adhesions blocking access to the nerve have been identified by Gallium MRI or fluoroscopy during epidural steroid injections. Guideline criteria have not been met. This injured worker presents with back pain radiating down the right lower extremity to the foot. Clinical exam findings did not evidence a focal neurologic deficit. There was reported imaging evidence of an L5/S1 disc bulge with severe right neuroforaminal narrowing. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial has been submitted. Significant pain reduction and functional improvement was documented with opioid medications. There was reported temporary benefit with prior epidural steroid injections, and a current request for repeat epidural injection. There was no rationale documented to support the medical necessity of this request as an exception to guidelines relative to adhesions blocking access identified by Gallium MRI or fluoroscopy during epidural steroid injections. Therefore, this request is not medically necessary.