MAXIMUS Federal Services

Case Number:	CM13-0007257		
Date Assigned:	05/02/2014	Date of Injury:	11/23/2011
Decision Date:	08/08/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/05/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a truck driver with chronic back pain. He reports having conservative treatment over a year. He continues to have back pain. Physical examination shows pain referred to the left sacroiliac joint. There is tenderness to palpation over the L4-5 L5-S1 levels. There is normal range of motion the spine. X-rays of lumbar spine show mild degeneration of L5-S1 disc.MRI lumbar spine shows L4-5 moderate bilateral foraminal narrowing and moderate central stenosis. There is L3 for moderate foraminal narrowing. There is L5-S1 bilateral foraminal narrowing. There are disc bulges present at L3-4 L4-5 L5-S1 and L2-3.At issue is whether outpatient L4-5 and L5-S1 discectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY: PERCUTANEOUS MICRODISCECTOMY USING ENSPIRE SYSTEM UNDER ANESTHESIA @ L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Low Back Chapter.

Decision rationale: This patient does not meet establish criteria for lumbar discectomy decompression surgery. Specifically, the physical examination does not document specific radiculopathy. There is no correlation between the patient's physical exam findings and MRI findings showing specific compression of I nerve root. There is no documented progressive neurologic deficit. MRI findings do not demonstrate severe compression of any nerve root. Criteria for lumbar decompressive surgery not met. In addition, percutaneous discectomy devices remain experimental at this time and no long-term outcome studies exist that demonstrate safety and efficacy of this technique. Criteria for lumbar decompressive surgery not met.