

Case Number:	CM13-0025980		
Date Assigned:	03/28/2014	Date of Injury:	12/17/2008
Decision Date:	05/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 claimant is a 69-year-old gentleman who sustained a lumbar injury in a December 17, 2008, work-related accident. In an August 6, 2013, follow up report, the provider documented that the claimant reported continued low back pain and radicular complaints; physical examination showed limited range of motion to the lumbar spine, positive Kemp's testing, and positive straight leg raising bilaterally. There was also noted to be 4/5 muscle strength globally of the right lower extremity. Formal documentation of imaging was not referenced. The claimant was diagnosed with multilevel degenerative disc disease. Based on failed conservative measures that included physical therapy, medication management, topical compounds, acupuncture and activity restrictions, a percutaneous endoscopic laser discectomy at an unspecified level was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LASER LUMBAR SPINE SURGERY: 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 procedure - Percutaneous endoscopic laser discectomy (PELD).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure - Percutaneous endoscopic laser discectomy (PELD)

Decision rationale: The California ACOEM Guidelines do not support the use of percutaneous endoscopic laser discectomy because its effectiveness has not been demonstrated. The Official Disability Guidelines (ODG) support the recommendation by ACOEM stating that it classifies this surgical intervention as experimental, with extremely limited evidence supporting its efficacy or benefits. Absent its acceptance as a viable treatment, the requested surgery would not be supported as medically and appropriate.