MAXIMUS Federal Services

Case Number:	CM13-0047328		
Date Assigned:	12/27/2013	Date of Injury:	10/12/2011
Decision Date:	03/10/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This 49 year old male was injured on 10/12/11 and is being treated for an L5-S1 herniated disc with radiculopathy. Multiple PR2 notes were provided for review, that documented treatment by [redacted] from August of 2013 and January of 2014. There was documentation of back pain, but minimal in the way of leg pain. The patient has been treated with medications, therapy and transforaminal epidural steroid injections. The epidural steroid injections provided minimal relief. The most recent examination performed on 01/06/14 demonstrated normal sensation to pinprick in the lower extremities, normal strength in the lower extremities, and normal deep tendon reflexes in the lower extremities. This note documented that the patient was taking over-the-counter medications for relief of pain, which was aiding in function. A striker decompressor percutaneous discectomy at the L5-S1 level under fluoroscopic with anesthesia was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stryker Dekompressor Percutaneous Discetomy L5-S1 under Fluoroscopic Guidance with Anethesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: A discectomy in this case cannot be certified based upon the California MTUS ACOEM Guidelines. California MTUS ACOEM Guidelines clearly state that surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse provides faster relief from an acute attack than conservative management, but any positive or negative effects on the lifetime natural history of the underlying degenerative disc disease are still unclear. In this case, there is no convincing evidence that this claimant suffers from nerve root compression due to a herniated disc. There is no evidence of radiculopathy on examination. There is no complaint of leg pain. Presently, symptoms seem minimalistic in nature and are controlled by over-the-counter anti-inflammatories. Absent convincing evidence of radiculopathy, a discectomy cannot be certified in this case. The ACOEM Guidelines also do not recommend a percutaneous discectomy based upon the lack of proof of effectiveness.