

Case Number:	CM13-0050587		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2008
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/13/2013

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, has a subspecialty in Spinal 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:

The patient is a 67-year-old female who sustained a work-related injury on 3/30/08. date of injury. Subjective findings include constant low back pain with occasional leg pain and loss of balance. Objective findings include slow gait; spasm in the lumbar spine; tenderness over the lumbar spinous processes, sciatic notch, posterior iliac crest, around the gluteal muscles and posterior thigh on the right; 4/5 strength with flexion, extension and right lateral flexion of the lumbar spine; trigger points in the erector spinalis on the right; positive straight leg raise to the right iliac; general muscle weakness noted secondary to pain on the right, and restricted range of motion due to pain. An MRI of the lumbar spine on 5/21/12 revealed lumbar disc desiccation, 1-2mm posterior disc protrusion in the lumbar region without foraminal or spinal canal stenosis, and degenerative facet changes at the level of L3-S1. Current diagnoses include lumbar spine neuritis/radiculitis and lumbar spine disc herniation without myelopathy, and treatment to date includes medication, physical therapy, and injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

minimally invasive percutaneous L4-S1 discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: ACOEM guidelines state that percutaneous discectomy should be considered experimental at this time; due to the extremely low level of evidence available, proof of its effectiveness has not been demonstrated. Therefore, the request for a minimally invasive percutaneous L4-S1 discectomy is not medically necessary.

Postoperative physical therapy three times a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.