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| <b>Case Number:</b>   | CM13-0066925 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 12/19/2001 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 11/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2013 |

### 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 49-year-old female who sustained an industrial injury on 12/19/01. Her chief complaint is of low back pain radiating down the right greater than left leg and right shoulder pain. Medications and H-wave decreased pain from a 10 to a 6.5/10. An MRI from 9/20/13 demonstrates mild to moderate central canal stenosis at L2-3, severe central canal stenosis at L3-4, and grade 1 spondylolisthesis and severe stenosis at L4-5. There was a minor disc bulge at L5-S1. Exam notes from 10/22/13 demonstrate low back pain radiating down both lower extremities, and right shoulder pain. Right leg pain radiates down the posterior lateral leg to just below the knee. The EHL and ankle dorsiflexor motor power 4-/5-, knee extension 5-/5. There was diminished sensation below the right knee and bilateral lateral thighs. Lumbar spine x-rays from 11/14/13 demonstrate no evidence for dynamic instability. There was stable multilevel discogenic change and facet arthropathy. Anterolisthesed L4-5 motion segment are noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for minimally invasive lumbar decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS/ACOEM is silent on the issue of minimally invasive lumbar decompression. According to the Official Disability Guidelines, it is not recommended. Mild<sup>®</sup> (minimally invasive lumbar decompression), from Vertos Medical, Inc., describes a percutaneous procedure for decompression of the central spinal canal in patients with lumbar spinal stenosis. In contrast to surgical decompression, the mild<sup>®</sup> procedure is a percutaneous decompressive procedure performed solely under fluoroscopic guidance (e.g., without endoscopic or microscopic visualization of the work area). This procedure is indicated for central stenosis only, without the capability of addressing nerve root compression or disc herniation, should it be required. As the guidelines do not recommend MILD procedure, the request in this case is noncertified.