

<b>Case Number:</b>	CM14-0000473		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	09/13/2009
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 injured worker is a 61 year old male who sustained an injury on 09/13/09 while unloading a trailer. The injured worker slipped and fell backwards on his low back causing pain. The injured worker also developed pain at the neck, wrist and right knee. Prior conservative treatment included physical therapy medications and epidural steroid injections, without overall long term improvement. The injured worker completed two separate epidural steroid injections with no substantial pain relief. The most recent epidural steroid injections were done in November of 2013. MRI of the lumbar spine from 07/25/13 noted moderate disc height loss and signal at L4-5 and L5-S1. There was grade one retrolisthesis at L5-S1. There was exiting left L5 nerve root impingement due to disc protrusion at L4-L5-S1. Moderate facet arthropathy and disc bulging contributed to moderate right and mild left neural foraminal stenosis. The clinical evaluation on 12/11/13 indicated the injured worker had persistent pain in the low back radiating to the right lower extremity to the knee. On physical examination there were multiple trigger points. Straight leg raise was positive to the right. There was mild weakness in core musculature with loss of lumbar range of motion. The injured worker ambulated with asymmetrical and antalgic gait. The recommendation was for percutaneous minimally invasive discectomy from L4 to S1. This procedure was denied by utilization review on 12/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 PERCUT MINIMALLY INVASIVE OUTPATIENT DISKECTOMY:** 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 (ODG), Low Back Chapter, Percutaneous Discectomy.

**Decision rationale:** In regard to the request for L4 through S1 Percutaneous minimally invasive outpatient discectomy, this reviewer would not have recommended the procedures as medically necessary or appropriate. Percutaneous minimally invasive discectomy is not supported by the clinical literature as there is insufficient evidence establishing that this procedure is any more effective than standard micro-discectomy for the lumbar spine. There was no evidence establishing that Percutaneous procedures resulted in any substantially improved post-operative outcomes as compared to standard procedures, conservative non-operative treatment, or no treatment at all. Given the lack of clinical literature support for this procedure, this reviewer would not have recommended treatment of the proposed procedure as medically necessary.