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| Case Number: | CM14-0009495 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 09/29/2010 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/13/2014 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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, has a subspecialty in Spine 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 48-year-old female who reported an injury on September 9, 2010. The mechanism of injury was cumulative trauma. The documentation of December 18, 2013 revealed the injured worker had worsening back pain. The injured worker was feeling a clicking sensation when rotating axially in the lumbar spine. The pain was more right-sided in the lumbar spine. The injured worker was noted to be relying on narcotic pain medication for breakthrough pain. The injured worker was taking Norco 10/325, no more than 4 on average per day as prescribed. The physician opined the injured worker would be an excellent candidate for a nucleoplasty, which would decompress the 2 discs at level L3-4 and L4-5 and reduce back pain. The objective physical examination revealed there was loss of lumbar lordosis. The injured worker was tender in the right lumbosacral area. The active range of motion was decreased. The motor and sensory examinations were normal. The injured worker was utilizing a cane for ambulation and strength was normal. Deep tendon reflexes were 1 to 2+ for bilateral and for patellar, and 0 to 1+ for bilateral Achilles and were symmetrical. The diagnosis included degenerative disc bulging with industrial aggravation at L3-4 and L4-5 with chronic low back pain. The treatment plan included a nucleoplasty at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR NUCLEOPLASTY AT L3-4 AND L4-5: Upheld

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

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, Nucleoplasty

Decision rationale: The Official Disability Guidelines do not recommend a nucleoplasty. It is a percutaneous method for decompressing herniated vertebral discs that uses radiofrequency energy. The physician opined that it would be a good treatment for the injured worker and would reduce her pain. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request for a lumbar nucleoplasty at L3-L4 and L4-L5 is not medically necessary or appropriate.