

Case Number:	CM14-0100073		
Date Assigned:	07/28/2014	Date of Injury:	09/10/2013
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 Hand 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:

This claimant is a 46-year-old female who sustained a vocational injury while working as a substitute teacher on September 10, 2013. The medical records for review document working diagnoses to include lumbar neuritis, and lumbago. The report of the office visit dated June 5, 2014, noted that physical therapy provided minimal benefit and the claimant had increased left leg pain radiating from her hip. Physical examination revealed a slow gait, trigger points of the lower lumbosacral region, positive straight leg raise with radiation to the left gluteal and left thigh along the left S1 dermatome, and sitting radicular complaints along the left L4 and L5 dermatome. The report also noted that the claimant had had an L4-L5 and L5-S1 bilateral facet block on January 20, 2014 and March 17, 2014. Other conservative treatment included Voltaren and formal physical therapy. The report of an MRI of the lumbar spine dated November 23, 2013, showed at the L4-L5 level mild disc height loss with a 2 to 3 millimeter diffuse disc bulge creating mild spinal canal narrowing; the neural foramina were patent. At the L5-S1 level there was mild to moderate disc height loss with a 3 to 4 millimeter disc osteophyte complex. The spinal canal was mildly to moderately stenotic. There was mild bilateral neural foraminal stenosis. There was evidence for a subtle central left paracentral extruding component. This request is for an L4-S1 outpatient minimally invasive percutaneous discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Outpatient Minimally Invasive Percutaneous Discectomies: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2013 Updates: Chapter Low back: Percutaneous Discectomy.

Decision rationale: Based upon the California ACOEM Guidelines and supported by the Official disability Guidelines, the request for L4-S1 Outpatient Minimally Invasive Percutaneous Discectomies cannot be recommended as medically necessary. According to the ACOEM Guidelines, Percutaneous discectomy is not recommended because proof of its effectiveness has not been demonstrated. This recommendation is supported by the Official disability Guidelines stating that Percutaneous discectomy (PCD) is not recommended, since proof of its effectiveness has not been demonstrated. Therefore, the request is not medically necessary and appropriate.