

Case Number:	CM14-0103678		
Date Assigned:	07/30/2014	Date of Injury:	10/02/2012
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	07/03/2014

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 Texas. 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 57-year-old female who reported an injury on 10/02/2012. She was reportedly injured while lifting a 5 gallon drum of paint when she injured her mid and lower back. She underwent an EMG/NCV on 12/31/2012, which was positive for L5 radiculopathy. The injured worker had also undergone a lumbar discogram performed on 04/29/2014 and was seen again on 05/29/2014 for a followup of her lumbar discography. The injured worker had undergone previous treatments, to include oral medications, such as Norco and gabapentin. The medications have alleviated her pain enough to provide her with better sleeping and minimal drowsiness the following day. The injured worker was seen on 06/05/2014; whereupon, it stated that the injured worker has a 20 year history of radicular pain to the right lower extremity and had also undergone previous steroid injections to the right hip once a year, which would control her pain. She had also undergone a previous MRI showing an annular tear at the L4-5 level and had not responded to conservative treatments. The physician stated that the injured worker has discogenic pain and therefore would like to have the injured worker undergo percutaneous decompression or intradiscal electrothermotherapy at the L4-5 level to see if this helps with her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

IDET Procedure with Fluro guidance and IV Sedation: Upheld

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

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, IDET (intradiscal electrothermal anuloplasty).

Decision rationale: Regarding the request for an IDET procedure with fluoro guidance and IV sedation, according to the Official Disability Guidelines, this type of treatment is not recommended as it is also known as Intradiscal Electrothermal Annuloplasty, which is just for discogenic pain that is non-radicular and that has not responded to conservative treatment as an alternative to a fusion procedure. In the case of this injured worker, the injured worker has had ongoing complaints of radicular symptoms and pain due to her injury to the L4-5 level of her low back. Without having support from the Official Disability Guidelines for the treatment with the use of the IDET procedure with fluoro guidance and IV sedation, and without any indication that the injured worker is not intending to undergo a fusion procedure; the request is not medically necessary.