

<b>Case Number:</b>	CM14-0010649		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/15/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 patient is a 35-year-old male who has submitted a claim for Degenerative Disc, Lumbar; and Radiculopathy, associated with an industrial injury date of September 15, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of back pain, rated 7/10, radiating to the right leg. On physical examination, no sensorimotor deficits were noted. Reflexes were symmetric bilaterally. Straight leg raise test was positive on the right. Gait was normal. The patient ambulated with assistance. Range of motion of the lumbar spine was limited. MRI of the lumbar spine dated October 29, 2012 revealed a broad-based left-sided protrusion at L4-5. Electrodiagnostic testing dated December 18, 2012 revealed abnormal results with denervation bilaterally at L5-S1. Treatment to date has included medications, physical therapy, and epidural injections. Utilization review from January 2, 2014 denied the request for lumbar percutaneous discectomy at L4,5 because percutaneous discectomy is not recommended by guidelines and exam findings did not clearly show neurologic deficits in the L4-5 level of involvement to correlate with the MRI findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR PERCUTANEOUS DISCECTOMY AT L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** According to pages 305-307 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar surgical consultation/intervention is recommended for patients who have: (1) severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; (2) activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; (3) clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and (4) failure of conservative treatment to resolve disabling radicular symptoms. In addition, guidelines state that percutaneous discectomy is not recommended because proof of its effectiveness has not been demonstrated. Given the extremely low level of evidence available for percutaneous endoscopic laser discectomy, it is recommended that this procedure be regarded as experimental at this time. In this case, the medical records failed to provide evidence of severe and disabling lower leg symptoms in the distribution consistent with abnormalities seen on MRI and electrodiagnostic test. Furthermore, there was no discussion regarding progression of symptoms or failure of conservative management. Moreover, a clear rationale for percutaneous discectomy was not provided, despite the procedure being regarded as experimental. There is no clear indication for the requested procedure. Therefore, the request for lumbar percutaneous discectomy at L4-5 is not medically necessary.