

Case Number:	CM14-0139696		
Date Assigned:	09/05/2014	Date of Injury:	11/04/2013
Decision Date:	10/03/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 case involves an injured worker who sustained an injury on November 4, 2013. A utilization review determination dated July 25, 2014 recommends non-certification of a percutaneous discectomy with intradiscal electrothermal therapy (IDET) at L5-S1. A progress report dated June 13, 2014, identifies subjective complaints of low back pain, right leg pain, and left heel pain. The patient has received physical therapy and currently uses medication, which seems to improve his pain complaints. Objective examination findings identify a midline surgical scar, positive straight leg raise bilaterally, and muscle atrophy in the right thigh and left calf. There are also sensory changes in both lower extremities and weakness in both lower extremities. Diagnoses include post-laminectomy syndrome, lumbar radiculopathy, and lumbar discogenic pain. The treatment plan recommends continuing medication and request an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous discectomies with intradiscal electrothermal therapy (IDET) L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, IDET

Decision rationale: Regarding the request for percutaneous discectomies with intradiscal electrothermal therapy (IDET), ACOEM states that IDET is not recommended for wholesale use by the public and Official Disability Guidelines (ODG) states that IDET is not recommended. As such, the request is not medically necessary.