

<b>Case Number:</b>	CM14-0155914		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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:

According to the records made available for review, this is a 48-year-old male with a 6/28/13 date of injury. At the time (8/14/14) of request for authorization for L4-S1 percutaneous minimally invasive discectomy, post-operative physical therapy (9) sessions, and urine drug screen, there is documentation of subjective (low back pain with some improvement from steroid injection) and objective (decreased lumbar range of motion, positive straight leg raise test, difficulty with to-walk due to bilateral lower extremity sensory changes, and positive trigger points over the lumbar spine) findings, imaging findings (MRI of the lumbar spine (12/13/13) report revealed moderate narrowing at the bilateral neural foramina at L5-S1), current diagnoses (lumbago and lumbar neuritis), and treatment to date (lumbar epidural steroid injection, ongoing therapy with Norco, and physical modalities). Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 percutaneous minimally invasive discectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter. MILD (minimally invasive lumbar decompression), Percutaneous discectomy (PCD)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Percutaneous discectomy (PCD); Mild (minimally invasive lumbar decompression)

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of discectomy. ODG identifies that minimally invasive lumbar decompression/percutaneous discectomy is not recommended. Therefore, based on guidelines and a review of the evidence, the request for L4-S1 percutaneous minimally invasive discectomy is not medically necessary.

**Post-operative physical therapy (9) sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbago and lumbar neuritis. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.