

Case Number:	CM14-0023274		
Date Assigned:	05/14/2014	Date of Injury:	06/01/2007
Decision Date:	08/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This is a 59-year-old female with a 6/1/2007 date of injury. A specific mechanism of injury was not described. A determination on 1/31/14 was non-certified given limited peer reviewed studies documenting long term outcomes and no evidence that discectomy was required. A 4/18/14 progress report identified severe pain in the left hip and buttock which refers to the left leg and to the foot. The patient also complained of numbness in her toes bilaterally, but worse on the left. She stated that every step she takes causes pain to shoot up her leg and she falls frequently. A 12/16/13 medical report identified severe low back pain 9/10 radiating to both legs with numbness and tingling to her toes. Treatment to date includes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SPINAL ENDOSCOPY WITH NERVE ROOT DECOMPRESSION, SCAR TISSUE REMOVAL, ANTIBIOTIC IRRIGATION OF THE EPIDURAL SPACE AND INJECTION OF THERAPEUTIC SOLUTION UNDER DIRECT VISUALIZATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 305-307; Official Disability Guidelines (ODG)

Low Back Chapter.

Decision rationale: ODG states that given the extremely low level of evidence available for percutaneous endoscopic laser discectomy (PELD), it is recommended that this procedure be regarded as experimental at this time. In addition, there are no objective findings of radiculopathy and no imaging report provided identifying evidence of nerve root pathology. The medical necessity of the requested procedure was not substantiated.