

<b>Case Number:</b>	CM14-0025010		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 and 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 male who reported injury on 07/08/2009. The mechanism of injury was motor vehicle accident. The patient had a previous treatment of a laminectomy and discectomy in 2001. The injured worker underwent an MRI of the lumbar spine without contrast on 04/10/2013 with findings at L4-5 which revealed mild intervertebral disc desiccation with normal disc height. There was a 4.5 mm broad based disc protrusion resulting in mild impression on the thecal sac centrally with mild bilateral recess stenosis. There was encroachment into the neural foramina bilaterally resulting in a mild bilateral neural foraminal stenosis. There were mild hypertrophic changes in the facet joints bilaterally. At L5-S1, there was moderate intervertebral disc desiccation with mild disc height loss. There was an 8.0 mm left paracentral broad based disc herniation resulting minimal central canal stenosis and moderate bilateral lateral recess stenosis. There was encroachment into the neural foramina bilaterally resulting in bilateral neural foraminal stenosis. There were mild hypertrophic changes in the facet joints bilaterally. The physical examination of 02/07/2014 revealed the injured worker had pain into the neck and low back. The feet and legs were going numb. The mid back had been popping with sharp pain. The diagnoses included displaced lumbar intervertebral disc and post laminectomy syndrome. Prior treatments included an epidural steroid injection. The treatment plan included an L4-S1 outpatient percutaneous minimally invasive shaver discectomy and physical therapy. Subsequent examination of 03/14/2014 admitted an appeal revealed the injured worker continued to have pain in the low back. The pain was stabbing and pinching. The injured worker had decreased range of motion in flexion and extension. The injured worker had a positive straight leg raise with pain to the left groin and left proximal thigh. The injured worker had toe walk difficulties due to left lower extremity motor sensory deficit. The treatment plan again included an L4-S1 outpatient minimally invasive percutaneous shaver discectomy and a urine toxicology screen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 minimally invasive percutaneous shaver discectomy and any repairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be 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. There should be documentation of failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review did not provide documentation of objective findings of radiculopathy to support the necessity for surgical intervention. In this case, there was a lack of documentation of conservative treatment and a failure of treatment. Additionally, the MRI revealed the injured worker had degenerative changes in the lumbar spine; however, there was a lack of documentation of specific nerve compromise. There was no EMG/NCV submitted for review. The MTUS/ACOEM does not address percutaneous discectomy. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a percutaneous discectomy is not recommended because proof of its effectiveness has not been demonstrated. Additionally, the request as submitted included the phrase any repairs and any repairs were not specifically indicated for application of appropriate guidelines. Therefore, the request for L4-S1 minimally invasive percutaneous shaver discectomy and any repairs is not medically necessary and appropriate.

**Urine analysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screens.

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

**Decision rationale:** The California MTUS Guidelines recommend drug urinalysis for injured workers who have documented issues of abuse, addiction, or poor pain control. In this case, the clinical documentation submitted for review failed to indicate the injured worker met the above criteria. Given the above, the request for urine analysis is not medically necessary and appropriate.

