

Case Number:	CM14-0025030		
Date Assigned:	06/11/2014	Date of Injury:	06/14/2012
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	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. 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 43 year-old individual date of injured on 6/14/2012. The mechanism of injury is not listed. The previous utilization review references progress notes dated 1/2/2013 and 1/29/2014, but those notes are not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints of low back pain that radiates to the hip. Physical examination demonstrated hypolordosis and muscle spasm noted in lumbar spine; right-sided erector spinalis trigger points were positive; tenderness of the right lumbar paravertebral and posterior iliac crest; general muscle weakness secondary to pain on the right sided low back pain; toe/heel walking maneuvers demonstrated decreased strength of 4/5 and limitation of motion; extension caused severe pain; flexion caused moderate pain; right lateral flexion caused mild pain; positive straight leg raise test. MRI of the lumbar spine dated 9/21/2012 demonstrated disc protrusion and bony spurring at T12/L1, a disk bulge with mild bilateral neural foraminal narrowing at L4/5, without evidence of central canal stenosis. Previous treatment includes physical therapy, lumbar epidural steroid injections and Norco. A request had been made for L4/5 percutaneous minimally invasive shaver discectomy any repairs; pre-op laboratory studies; urine pregnancy test; postoperative physical therapy 3 X 2 weeks; H-Wave and supplies (rental or purchase), which were not certified in the utilization review on 2/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 PERCUTANEOUS MINIMALLY INVASIVE SHAVER DISCECTOMY ANY REPAIRS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Percutaneous discectomy (updated 06/10/14).

Decision rationale: California Medical Treatment Utilization Schedule (CA MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address this request. Official Disability Guidelines (ODG) specifically stated that percutaneous discectomy procedures are not recommended. As such, this request is not medically necessary.

PREOPERATIVE LABORATORY STUDIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Percutaneous discectomy (updated 06/10/14).

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

URINE PREGNANCY TEST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Percutaneous discectomy (updated 06/10/14).

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

POSTOPERATIVE PHYSICAL THERAPY 3X2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Percutaneous discectomy (updated 06/10/14).

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

H-WAVE UNIT & SUPPLIES (RENTAL OR PURCHASE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Percutaneous discectomy (updated 06/10/14).

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