MAXIMUS Federal Services

Case Number:	CM14-0025960		
Date Assigned:	06/13/2014	Date of Injury:	05/16/2012
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury may 16 2012. The patient has chronic back pain. The back pain radiates to the lower extremity.On physical examination the patient has spasm in the lumbar spine. Trigger points are noted in the posterior spinal muscles. There is tenderness over the right iliac crest. There is generalized weakness in her right leg. Lumbar range of motion is diminished. There is tenderness palpation of the lumbar spine.MRI of the lumbar spine from November 2012 shows a 9 mm left paracentral disc extrusion with annular tears at L5-S1. There is a 3 mm disc protrusion L4-5.Patient has had medications, physical therapy and epidural steroid injection. At issue is whether percutaneous lumbar discectomies medically necessary at L4-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL CLEARANCE: 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 primary procedure is not medically necessary, none of the associated services are not medically necessary.

L4-S1 PERCUTANEOUS MINIMALY INVASIVE SHAVER DISKECTOMY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-312.

Decision rationale: This patient does not meet establish criteria for lumbar decompression with discectomy surgery. Specifically, there is no documented radiculopathy on physical examination actually correlates with nerve root compression on lumbar imaging studies. Since there is no documented correlation between physical examination and imaging studies, guidelines for decompressive surgery are not met. In addition the patient does have any red flag indicators for spinal decompressive surgery such as progressive neurologic deficit, tumor, or fracture. Lumbar discectomy surgery is not medically necessary. In addition, percutaneous lumbar shaver discectomy remains experimental at this time.