

<b>Case Number:</b>	CM14-0028172		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 55-year-old male injured on April 9, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 12, 2014, indicates that there are ongoing complaints of upper back and lower back pain which radiates to both legs. Current medications were stated to include Norco, Anaprox, and Norflex. The physical examination demonstrated an antalgic gait favoring the right leg, decreased sensation at the L4 and L5 levels, and decreased lumbar spine range of motion. Treatment plan included a minimally invasive percutaneous shaver discectomy at L3/L4 and L4/L5. A request had been made for a minimally invasive percutaneous shaver discectomy up L3/L4 and L4/L5 and was not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MINIMALLY INVASIVE PERCUTANEOUS SHAVER DISCECTOMY OF L3-5:**

Upheld

**Claims Administrator 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Discectomy/laminectomy, updated June 10, 2014.

**Decision rationale:** According to the attached medical record the MRI of the lumbar spine dated November 4, 2013, does not show any nerve root impingement. A surgical discectomy procedure would require corroboration between the patient's symptoms, physical examination, and objective studies, which was not provided in the medical records for this patient. Therefore, the request for minimally invasive percutaneous shaver discectomy of L3/L4 and L4/L5 is not medically necessary and appropriate.

**URINE ANALYSIS:** 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing, updated July 3, 2014.

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