

Case Number:	CM14-0028952		
Date Assigned:	06/20/2014	Date of Injury:	10/21/2010
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 46-year-old female with a date of injury of 10/21/2010. The listed diagnoses per [REDACTED] are: degenerative disc lumbar with annular tear and lumbago. According to progress report 02/03/2014 by [REDACTED], the patient presents with lower back pain. Examination of the lumbar spine revealed restricted range of motion with flexion. Treater states the patient has ongoing severe low back pain and has had a discogram demonstrating an annular tear with recreation of her typical pain in L4-L5. A computed tomography (CT) scan of the lumbar spine from 12/16/2013 revealed right paracentral annular tear at L4-L5 and no evidence of annular tear at L5-S1. Lumbar discogram from 12/09/2013 revealed lumbar degenerative disc disease at L4-L5 with right annular tear and normal L5-S1 disc. The treater is requesting lumbar biacuplasty at L4-L5 in-office, under fluoroscopic guidance. Utilization Review denied the request on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar biacuplasty at L4-5 x 1 in office under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Thermal Intradiscal Procedure (TIPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Bulletin: Intradiscal Biacuplasty.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a lumbar biacuplasty at L4-L5. It was noted the patient had a discogram, which revealed lumbar degenerative disk disease at L4-L5 with a right annular tear. The ACOEM, MTUS and ODG guidelines do not specifically discuss Biacuplasty. Aetna states Intradiscal Biacuplasty is a "minimally invasive surgical procedure designed to alter the biomechanics of the disc annulus." Aetna further states, "At this time, the available published evidence is insufficient to permit conclusions regarding the safety and efficacy of IDB for any indication when compared with other treatment modalities such as conservative therapy or other minimally invasive modalities." Intradiscal biacuplasty (IDB) is considered investigational and not medically necessary by Aetna. Recommendation is not for medical necessity.