

<b>Case Number:</b>	CM14-0029062		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/30/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery and is licensed to practice in 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 68-year-old female who reported an injury on 03/30/2008, while riding in a company shuttle bus. Current diagnoses include brachial neuritis/radiculitis, displaced cervical intervertebral disc, and unspecified thoracic/lumbosacral neuritis/radiculitis. The injured worker was evaluated on 02/13/2014 with complaints of persistent pain. Physical examination of the lumbar spine revealed positive trigger points, an inability to perform toe-heel walking, sensory deficit in the right lower extremity, and an antalgic gait. Treatment recommendations at that time included an L3-5 outpatient discectomy. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/03/2014, which indicated multilevel degenerative disc disease at L3 through L5 with mild levoscoliosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-5 outpatient minimally invasive percutaneous shaver discectomy:** 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discectomy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy or manual therapy, or the completion of a psychological screening. As per the documentation submitted for this review, the injured worker's physical examination only revealed positive trigger points, limited range of motion, and right lower extremity sensory deficit. There was no documentation of radiculopathy upon physical examination. There was also no mention of an exhaustion of conservative treatment or a referral for a psychological screening. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

**Post-operative physical therapy 3 x 3 weeks:** 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.