

Case Number:	CM14-0030944		
Date Assigned:	06/25/2014	Date of Injury:	05/17/2012
Decision Date:	08/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 chronic back pain. On physical examination the patient has reduced range of lumbar motion and the patient's range of motion is painful. The patient is neurovascularly intact in the bilateral lower extremities. The strength is normal a straight leg raising test is normal, but the patient continues to have chronic pain. The patient is taking medications and still had pain. He is diagnosed with herniated disc lumbar spine bilateral L4-5 radiculopathy. Patient also diagnosed with lumbar facet syndrome. At issue is whether lumbar decompression and percutaneous needle treatment medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression procedure, percutaneous, of nucleus pulposus on intervertebral disc, any method utilized QTY 1: Upheld

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

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 Chapter.

Decision rationale: This patient does not meet establish criteria for lumbar decompressive surgery or lumbar decompressive procedure. Specifically the physical examination does not document any evidence of radiculopathy. Lower extremity neurologic exam is normal without evidence of neurologic deficit. There is no correlation between patient's physical examination and imaging studies documenting specific compression of the nerve root and the medical records. The criteria for lumbar decompressive procedure not met. Therefore the request is not medically necessary.

Fluoroscopic guidance for needle placement: 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.