

Case Number:	CM14-0036058		
Date Assigned:	06/23/2014	Date of Injury:	07/29/2010
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Nuerological Surgery, 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 injured worker is a 45 year-old female injured on July 29, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated December 27, 2013, indicates that there are ongoing complaints of back pain. The physical examination did not present any comprehensive clinical assessment of a disc lesion. Diagnostic imaging studies are not presented for review. Previous treatment includes physical therapy, medications, and conservative care. A request had been made for percutaneous discectomy, a urine drug screen and a pregnancy test and was not medically necessary in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L5-S1 Percutaneous Minimally Shaver discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: A review of the literature notes that such percutaneous discectomy have not been demonstrated to be overly efficacious. Furthermore, the clinical information presented for review does not indicate a disc lesion, there are no imaging studies identifying any such pathology and the progress notes are scant, incomplete, and offer no clinical insight as to why a surgical intervention is needed. Accordingly, medical necessity has not been established for the request. Therefore, the request is not medically necessary.

Toxicology - Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management (e.), criteria for use CRITERIA FOR USE OF OPIOIDS Page(s): p 78.

Decision rationale: There is a dearth of clinical information in the medical records presented for review. The treatment guidelines do support the use of drug screening if there is a clinical indication. While noting that there is no identification of misuse, abuse, drug diversion or presence of illegal substances, there is no data presented to suggest the need for urine drug screening to assist in the care of this injured worker. Therefore, this is not medically necessary.

Pregnancy Test: 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 Other Medical Treatment Guideline or Medical Evidence: Clinical judgment.

Decision rationale: There is nothing in the medical records indicating a concern about pregnancy, changes associated pregnancy, any recent sexual activity, or clinical indication that pregnancy testing would be necessary to complete the care. Therefore, based on this medical information this is not medically necessary.