

Case Number:	CM14-0046809		
Date Assigned:	07/02/2014	Date of Injury:	07/08/2009
Decision Date:	08/06/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 is a 57-year-old who sustained an injury on July 8, 2009. He has chronic low back pain. Physical examination shows reduced range of motion and a positive straight leg raise on the left side. MRI lumbar spine from April 2013 shows mild L4-5 disc degeneration. There is a 4.5 mm disc protrusion causing mild lateral recess stenosis. At L5-S1 there is disc degeneration with mild loss of height and an 8 mm disc bulge. Patient continues to have pain despite conservative measures. At issue is whether L4-S1 minimally invasive percutaneous shaver discectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimally invasive percutaneous discectomy at L4-L5 and L5-S1 levels: 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) - Treatment in Workers' Compensation (TWC), Low Back Procedure Summary last updated 3/18/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: Minimally invasive percutaneous shaver discectomy remains experimental at this time. There are no long-term outcome studies to demonstrate the safety and efficacy of this technique. In addition, the patient does not meet criteria for lumbar decompressive surgery. Specifically the physical exam does not document specific neurologic deficit that clearly correlate with MRI imaging study showing specific compression of a nerve root. In addition, the patient has no red flag indicators for spinal surgery such as progressive neurologic deficit, fracture, or tumor. Surgery is not medically necessary in this patient.

Urine analysis (UA): 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) - Treatment in Workers' Compensation (TWC).

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.