

Case Number:	CM14-0078808		
Date Assigned:	07/28/2014	Date of Injury:	03/17/2009
Decision Date:	08/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Spine 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 40-year-old female who reported injury on 03/17/2009. The mechanism of injury was while the injured worker was pulling a rope to close the back door of her truck, the rope slipped and the injured worker fell on her buttocks. The prior treatments included medications and surgical intervention in the form of a coccygectomy. The documentation of 04/25/2014 revealed the injured worker continued to have pain in the low back. The diagnoses were L4-S1 DH2-3 S1-root radiculopathy left lower extremity. The diagnoses were a sprain and strain of the sacrum and a sprain and strain of the lumbar region. The injured worker was noted to have sensory deficits, as the injured worker was unable to perform a toe-heel walk. The strength of the left lower extremity was 4/5, and the injured worker had positive trigger points in the left lumbar spine. The treatment plan included an L4-S1 minimally invasive percutaneous shaver discectomy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 outpatient minimally percutaneous invasive discectomy, and any repairs to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. 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): 307-309.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have severe or disabling lower leg symptoms and a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, or the extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both short and long term from surgical repair. There should be documentation of a failure of conservative treatment. Additionally, they indicate that a percutaneous discectomy is not recommended because proof of its effective has not been demonstrated. A minimally invasive lumbar decompression is considered a percutaneous discectomy. The clinical documentation submitted for review failed to indicate the injured worker had a magnetic resonance imaging (MRI) and electromyography (EMG) to support the necessity. There was no official MRI or EMG submitted for review. There was lack of documentation of conservative care. Additionally, the request as submitted failed to indicate what "any repairs to low back" would include. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for L4-S1 outpatient minimally percutaneous invasive discectomy and any repairs to the low back is not medically necessary.

Pre Operative Labs UA and PREG Low Back: 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.