

<b>Case Number:</b>	CM14-0123013		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Spine Surgeon 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 54-year old female who indicated that her pain had been interfering with her activities of daily living and described it as aching and burning and rated as a 4/10 in early 01/2014. Her injury had reportedly been sustained due to repetitive traumatic type of work while lifting, holding, and packing as well as stocking and carrying [REDACTED] products. Under the review of medical records performed on 03/03/2014, the injured worker had reportedly undergone plain view x-rays of the lumbar spine which noted a 1.5 cm grade 2 anterolisthesis of the L5-S1 with an L5 pars articularis defect and marked L5-S1 disc space reduction. The injured worker was seen on 05/23/2014, whereupon it was indicated she had undergone at least 30 sessions of physical therapy but continued to have a pressure feeling in her low back. Additionally, she had been utilizing naproxen twice a day with objective findings noting decreased sensation in the L5-S1 dermatomes to touch as well as decreased motor sensation rated as 4+/5. She had triggers at the midline of the lumbar spine with her pain improved when the patient leaned forward or while sitting in a chair. In addition, she had difficulty doing the toe and heel walk. A prior ultrasound of the lumbar spine taken on 12/10/2013 was reviewed, which noted muscle atrophy with findings consistent with chronic inflammatory process. She was seen again on 07/16/2014 for a follow-up of her low back pain. She continued to have decreased sensation at the L5-S1 level as well as decreased motor strength rated as 4+/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 PERCUTANEOUS MINIMALLY INVASIVE DISCECTOMY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** According to the California MTUS ACOEM Guidelines, surgical considerations are indicated for patients who have severe and disabling lower leg symptoms with activity limitations due to radiating pain for more than 1 month with failure of conservative treatments to resolve the disabling radicular symptoms. In the case of this injured worker, although it was noted that she had ongoing pain in the lumbar spine as of 07/2014, there was no current clinical documentation provided for review to include a comprehensive physical examination as well as recent reports of conservative modalities having been tried and failed prior to surgical intervention. Therefore, the L4-S1 Percutaneous Minimally Invasive Discectomy is not medically necessary.

**POST-OP PHYSICAL THERAPY 3X3 LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** According to the California MTUS Postsurgical Rehabilitation Guidelines, although injured workers are supported for 16 visits over 8 weeks and the 9 sessions requested would be within the guidelines allowance for postoperative physical therapy, without the injured worker meeting the primary surgical criteria, the subsequent request for postoperative physical therapy 3x3 for the lumbar spine is not medically necessary.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Laboratory Testing.

**Decision rationale:** The California MTUS Guidelines, although urine drug screens are indicated as an option to test for the presence of illegal drugs and for opioid screening for risk of addiction, without having any current clinical documentation provided for review to include the injured worker's current medication list, the request for a urine drug screen would not be considered medically appropriate at this time. The Official Disability Guidelines were also referred to in this case and indicate that preoperative use of a urine drug screen may be indicated for certain

procedures. However, with the injured worker not meeting the primary surgical procedure criteria, the subsequent request is not considered a medical necessity.