MAXIMUS Federal Services

Case Number:	CM14-0198233		
Date Assigned:	12/08/2014	Date of Injury:	10/07/2009
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 46-year-old female who reported injuries from a motor vehicle accident on 10/07/2009. On 09/05/2014, her diagnoses included unspecified backache, unspecified thoracic/lumbar neuritis, lumbago, and pain in joint, pelvis/thigh. Her medications included Norco, Ambien, and Zanaflex of unspecified dosages. She had undergone 2 epidural steroid injections and, an epidurogram and facet block of the lumbar L5 through S1 bilaterally. On 10/31/2014, she was having a severe flare up of lumbosacral triggers on the right side. She had a positive straight leg raising test at 25 degrees. Her range of motion was very limited in all directions due to pain. Her treatment plan included an L5-S1 outpatient percutaneous minimally invasive discectomy. An MRI from 02/23/2012 revealed an L5-S1 3 mm posterior disc protrusion and degenerative arthritis of L5-S1 facet joints bilaterally. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 outpatient minimally precutaneous diskectomy any repairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, 310.

Decision rationale: The California ACOEM Guidelines discussion on surgical options notes that patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4 to 6 weeks of conservative therapy may be recommended for a standard discectomy for herniated disc. Percutaneous discectomy is not recommended because proof of its effectiveness has not been demonstrated. There was no evidence submitted that this injured worker had sciatica. The MRI submitted did not reveal evidence of nerve root compromise. Additionally, the guidelines do not support percutaneous discectomy. Therefore, this request for L5-S1 outpatient minimally percutaneous discectomy any repairs is not medically necessary.

Associated surgical service: Post-op physical therapy three times a week for three weeks for the lower back: Upheld

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

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.