

Case Number:	CM15-0210791		
Date Assigned:	10/29/2015	Date of Injury:	02/07/2013
Decision Date:	12/21/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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, who sustained an industrial injury on 2-07-2013. The injured worker is being treated for L4-5 disc protrusion, and lumbar radiculopathy. Treatment to date has included physical therapy, work modification, acupuncture, diagnostics, epidural injections, and orthopedic evaluation. Per the submitted medical reports dated 7-24-2015 and 9-11-2015 and the injured worker presented for evaluation. She reported constant pain in the midline and both sides of the lower back rated as 7 out of 10 in severity on the pain scale. Objective findings included an antalgic gait. Range of motion of the lumbar spine was tenderness to palpation at the midline from L4-S1 and bilateral paraspinal regions with left side more tender than right. Ranges of motion were restricted. Magnetic resonance imaging (MRI) of the lumbar spine dated 3-25-2013 was read by the evaluating provider as "L4-5 5mm central disc protrusion and a 4mm focus of extrusion identified. Extrusion extends left para-midline and may be contacting the abutting L1 (typo) nerve root, Mild to moderate central canal stenosis." The plan of care included surgical intervention and authorization was requested on 9-22-2015 for percutaneous LAS discectomy L4-5 as an outpatient. On 9-29-2015, Utilization Review non-certified the request for percutaneous LAS discectomy L4-5 as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percutaneous LAS discectomy L4-5 outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Percutaneous discectomy, Percutaneous endoscopic laser discectomy, Percutaneous decompression.

Decision rationale: With regard to the request for a percutaneous LAS discectomy at L4-5, California MTUS guidelines indicate that percutaneous endoscopic laser discectomy should be regarded as experimental at this time. ODG guidelines do not support any type of percutaneous discectomy. This includes percutaneous discectomy, percutaneous endoscopic laser discectomy, and percutaneous decompression. As such, the request for a percutaneous LAS discectomy at L4-5 is not supported by evidence-based guidelines and the request is not medically necessary and has not been substantiated.