MAXIMUS Federal Services

Case Number:	CM15-0050936		
Date Assigned:	03/24/2015	Date of Injury:	06/21/2009
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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 male, who sustained an industrial injury on 6/21/09. He reported lumbar spine pain. The injured worker was diagnosed as having L4-5 disc bulge, L5-S1 disc herniation with annular fissuring per MRI on 4/17/12, multilevel spinal canal and neuroforaminal narrowing per MRI, lumbar spine radiculopathy, and history of bilateral lower extremity paresthesias. Treatment to date has included physical therapy, which was noted to have provided no benefit, aqua therapy, chiropractic treatment, a nerve block, injections, and a home exercise program.The primary treating physician's comprehensive orthopedic evaluation and request for authorization dated 2/9/2015 is noted. The injured worker was complaining of pain in the lumbar area at 4?5/10, constant and achy. No radicular symptoms were documented. On examination flexion was limited to 35° and extension limited to 15°. There was paraspinal tenderness to percussion. No neurologic findings were noted. Straight leg raising was not documented. The diagnosis was: L4-L5 3 mm disc bulge, L5-S1 6 mm disc herniation with annular fissuring, positive per MRI of April 17, 2012, multilevel spinal canal and neural foraminal narrowing, positive per MRI, lumbar spine radiculopathy, clinically, and history of clinical lateral lower extremity paresthesias. The treatment plan was authorization for laser surgery that was pending. The request for laser surgery was noncertified by utilization review using ODG guidelines. This is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Laser discectomy, Low level laser therapy.

Decision rationale: The requested procedure is laser surgery; however, the type of procedure has not been specified. ODG guidelines do not recommend low-level laser therapy for low back pain. ODG guidelines indicate percutaneous endoscopic laser discectomy is not recommended. The procedure is regarded as experimental at this time. The literature review was recently updated with no change in conclusion. Evidence-based guidelines do not recommend laser surgery for the lumbar spine. As such, the request for laser surgery is not supported and the request is not medically necessary.