

Case Number:	CM15-0054366		
Date Assigned:	04/16/2015	Date of Injury:	02/14/2014
Decision Date:	05/19/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: Illinois, California, Texas
 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 44-year-old male who sustained an industrial injury on 2/14/14, relative to continuous trauma in his job as a carpenter. Available records documented conservative treatment to include chiropractic treatment, medications, and activity modification. The 1/16/14 lumbar spine MRI impression documented L4/5 disc degeneration. There was a 4-5 mm broad-based central bulge with an annular tear of the right posterior disc marked. There was mild facet arthropathy bilaterally. These changes contributed to moderate encroachment of the lateral recesses bilaterally, right greater than left, without significant central stenosis, and mild bilateral foraminal narrowing. At L5/S1, there was 1-2 mm diffuse disc bulge with a small annular tear of the left lateral disc margin. Mild facet arthropathy was noted bilaterally without significant central canal stenosis. There was mild left foraminal narrowing. The 1/14/15 treating physician report cited low back pain down both legs, and neck and mid-back pain. Medications included Naproxen, hydrocodone, tramadol, and omeprazole. Physical exam documented range of motion decreased 10-15 degrees in all directions with pain, positive lumbosacral trigger points, positive straight leg raise to the left gluteus and posterior thigh, and difficulty with heel walk. The diagnosis included L4-S1 disc herniation with foraminal narrowing and degenerative disc disease with radiculopathy left greater than right leg. The treatment plan included epidural steroid injection at L4-S1. The injured worker was capable of sedentary work only. The 2/11/15 treating physician report cited lower back pain radiating to the left leg. Physical exam documented restricted and painful lumbar range of motion, positive trigger points, and positive straight leg raise. Authorization was requested for L4-S1 outpatient minimally invasive percutaneous

discectomy and urinalysis. The 3/6/15 utilization review non-certified the request for L4-S1 outpatient minimally invasive percutaneous discectomy and urinalysis as there was no imaging evidence of a neurocompressive lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 outpatient minimally invasive percutaneous discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Low Back Disorders, Decompression Surgery; Hegmann K (ed), Occupational Medicine Practice Guidelines, 3rd Edition (2011) - p 638, Vol 2 and Official Disability Guidelines (ODG), Low Back Chapter, Percutaneous Discectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i½ Lumbar & Thoracic: Mild i½ (minimally invasive lumbar decompression); Percutaneous discectomy (PCD).

Decision rationale: The California MTUS guidelines do not recommend percutaneous endoscopic laser discectomy (PELD) and state these procedures should be regarded as experimental at this time. The Official Disability Guidelines state that minimally invasive lumbar decompression and percutaneous discectomy are not recommended, since proof of its effectiveness has not been demonstrated. Guidelines stated that percutaneous lumbar discectomy procedures are rarely performed in the U.S., and no studies have demonstrated the procedure to be as effective as discectomy or microsurgical discectomy. Guideline criteria have not been met. This patient presents with low back radiating into the left lower extremity to the gluteus and posterior thigh. Clinical exam and imaging evidence of plausible nerve root compression at L4/5 and L5/S1 is not fully established. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Records indicated that epidural steroid injection had been requested but there is no evidence of completion or response. Additionally, there is no guideline support for this particular surgical procedure. Therefore, this request is not medically necessary.

Urinalysis: 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.

