

Case Number:	CM15-0086906		
Date Assigned:	05/11/2015	Date of Injury:	04/12/2013
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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 51-year-old male who sustained an industrial injury on 4/12/13. Injury occurred while he was carrying a box with three other co-workers that weighed approximately 220 pounds. The 2/20/14 lumbar spine MRI conclusion documented spondylotic changes. At L2/3 and L3/4, there were 1 to 2 mm posterior disc bulges resulting in moderate bilateral neuroforaminal narrowing and bilateral exiting nerve root compromised. At L4/5, there was a posterior annular tear within the intervertebral disc, 2 to 3 mm posterior disc bulge resulting in moderate bilateral neuroforaminal narrowing, mild canal stenosis, and bilateral exiting nerve root compromise. At L5/S1, there was a 1-2 mm posterior disc bulge without evidence of canal stenosis or neuroforaminal narrowing. The 4/14/15 treating physician report cited grade 6/10 lower back pain radiating to the left leg. He reported minimal improvement since 2013, despite anti-inflammatories, physical therapy, and epidural steroid injection. Physical exam documented paraspinal tenderness, diminished left L3 and L4 dermatomes, and normal strength and reflexes. Lumbar MRI reported L2-L5 stenosis. The diagnosis was lumbar stenosis, refractory to conservative treatment with temporary improvement with epidural injection for only a few days. Treatment plan recommended a request for L2-L5 percutaneous discectomy and post-operative physical therapy. The 4/28/15 utilization review non-certified the request for L2-L5 percutaneous discectomy and post-op physical therapy (10-sessions) based on an absence of guideline support for percutaneous discectomy. The 5/5/15 treating physician report indicated that the injured worker returned with no improvement in symptoms. Physical exam documented lumbar paraspinal tenderness, full lumbar range of motion, normal lower extremity strength, and +2 and symmetrical deep tendon reflexes. There was decreased sensation over the left L3 and L4

dermatomes. The diagnosis was lumbar radiculopathy. The treating physician report appealed the denial of the request for percutaneous discectomy as the cited guidelines stated that percutaneous discectomy was not recommended for radicular pain syndrome, but did not say anything about it not being recommended for an actual neurological deficit. Since the injured worker does have a neurologic deficit in the form of diminished sensation, the guidelines do not say that percutaneous discectomy cannot help as it is a minimally invasive procedure that helps in contained disc protrusion that are causing stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L5 Percutaneous Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 - Lumbar & Thoracic: Mild (minimally invasive lumbar decompression); Percutaneous discectomy (PCD).

Decision rationale: The California MTUS guidelines do not recommend percutaneous endoscopic laser discectomy 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 minimally invasive lumbar decompression and 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 pain radiating to the left lower extremity with sensory loss in the left L3 and L4 dermatomal distributions. There is imaging evidence of moderate bilateral neuroforaminal narrowing and bilateral nerve root compromise at the L2/3, L3/4, and L4/5 levels. Evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Guidelines do not support the use of percutaneous lumbar discectomy or minimally invasive lumbar discectomy over standard or microsurgical discectomy for nerve root decompression. Therefore, this request is not medically necessary.

Post-Operative Physical Therapy (10-sessions, 2 times a week for 8 weeks for the lumbar spine): 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.