

<b>Case Number:</b>	CM14-0166099		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 31-year-old male with a 3/17/14 date of injury. At the time (7/18/14) of request for authorization for L3-4 L5-S1 minimally invasive percutaneous discectomy, any repairs, there is documentation of subjective (neck and low back pain with bilateral upper as well as lower extremity numbness) and objective (positive straight leg raise, slow gait, and decreased lumbar range of motion) findings, imaging findings (MRI of lumbar spine (4/29/14) report revealed L3-4 mild facet arthropathy, 5mm right foraminal disc protrusion without significant central stenosis, and moderate right foraminal narrowing; L4-5 mild facet arthropathy, 2mm diffuse disc bulge, mild encroachment of lateral recesses without central stenosis and foraminal narrowing; L5-S1 moderate left foraminal narrowing, 3-4mm diffuse disc ridge, and mild left foraminal narrowing without central stenosis), current diagnoses (L3-4 and L5-S1 degenerative disc disease, lumbar sprain, and lumbago), and treatment to date (medications, epidural injection, and physical therapy). There is no accompanying objective sign of neural compromise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 L5-S1 minimally invasive percutaneous discectomy, any repairs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Percutaneous discectomy (PCD); Mild (minimally invasive lumbar decompression)

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of discectomy. ODG identifies that minimally invasive lumbar decompression/percutaneous discectomy is not recommended. Within the medical information available for review, there is documentation of diagnoses of L3-4 and L5-S1 degenerative disc disease, lumbar sprain, and lumbago. In addition, given documentation of subjective (low back pain with bilateral lower extremity numbness) findings and imaging findings (disc protrusion and foraminal narrowing), there is documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy). However, given documentation of non-specific objective (positive straight leg raise, slow gait, decreased lumbar range of motion) findings, there is no specific documentation of objective signs of neural compromise. In addition, minimally invasive lumbar decompression/percutaneous discectomy are not recommended. Therefore, based on guidelines and a review of the evidence, the request for L3-4 L5-S1 minimally invasive percutaneous discectomy, any repairs is not medically necessary.