

Case Number:	CM15-0015450		
Date Assigned:	02/03/2015	Date of Injury:	03/21/2014
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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 32 year old male, who sustained an industrial injury on 03/21/2014. Low back and left leg pain was reported relative to repetitive lifting. The diagnoses have included lumbar sprain/strain, lumbar radiculitis, and sciatica. The 5/14/14 lumbar spine MRI documented abnormal contour of the superior endplate at S1 of uncertain etiology, which may be a developmental variant. An old fracture would be considered a less likely possibility. There was a 2 mm disc bulge at L4/5 with mild narrowing of the spinal canal. There was an unusual appearing 7 mm left paracentral disc protrusion causing moderate canal narrowing and prominent encroachment upon the left S1 nerve root. Conservative treatment included opioid medications, epidural steroid injections, lumbar facet injections, and physical therapy. Benefit was documented with injection therapy and physical therapy. The 12/17/14 treating physician report indicated the patient still had back pain. Medications included Norco. Physical exam documented marked loss of lumbar range of motion with pain, lumbar and lumbosacral triggers, and positive straight leg raise. The diagnosis was L5/S1 degenerative disc disease, disc herniation and facet degenerative joint disease with left S1 nerve root impingement, left lower extremity left S1 radiculopathy, and L4/5 disc herniation and facet degenerative joint disease. The treatment plan recommended L4 to S1 minimally invasive percutaneous discectomy. The patient was capable of modified work with no lifting over 20 pounds. On 12/31/2014 Utilization Review non-certified an L4-S1 percutaneous minimally invasive discectomy based on an absence of guideline support, no detailed documentation of conservative treatment failure, and no significant disc pathology at the L4/5 level. The ODG was cited. On 01/20/2015, the injured

worker submitted an application for IMR for review of L4-S1 percutaneous minimally invasive discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Percutaneous Minimally Invasive Discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back, Percutaneous Discectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic: Mild[®] (minimally invasive lumbar decompression); Percutaneous discectomy (PCD)

Decision rationale: The California MTUS guidelines do not provide recommendations relative to percutaneous minimally invasive discectomy. 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. There is no guideline support for the requested procedure. Additionally, there are no clear clinical exam or imaging findings of neural compression at the L4/5 level to support the medical necessity of discectomy at this level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.