

<b>Case Number:</b>	CM15-0113277		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

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:

This 52 year old male sustained an industrial injury to the low back on 12/3/13. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. In an orthopedic request for surgery authorization dated 4/3/15, physical exam was remarkable for tenderness to palpation over the paraspinal musculature with intact range of motion, 5/5 lower extremity and diminished sensation over the bilateral L5 distributions. The physician noted that lumbar magnetic resonance imaging showed L4-5 disc herniation causing broad based stenosis. Current diagnoses included L5 radiculopathy. The treatment plan included L4-5 decompression with possible fusion. In a spine reevaluation dated 5/15/15, the injured worker stated that he was not interested in decompression and fusion surgery. The physician recommended L4-5 percutaneous discectomy as a minimally invasive alternative and a prescription for Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Percutaneous Discectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, percutaneous discectomy.

**Decision rationale:** CA MTUS/ACOEM is silent on percutaneous discectomy. ODG, Low back, percutaneous discectomy, not recommended. Percutaneous discectomy (PCD) is not recommended, since proof of its effectiveness has not been demonstrated. PCD is a blind procedure done under the direction of fluoroscopy. It involves placing an instrument into the center of the disc space, and either mechanically removing disc material or vaporizing it by use of a laser, to create a void so that extruded material can return to the center of the disc. Percutaneous lumbar discectomy procedures are rarely performed in the [REDACTED], and no studies have demonstrated the procedure to be as effective as discectomy or microsurgical discectomy. As the guidelines do not recommend percutaneous discectomy, the request is not medically necessary.

**Norco 10/325mg #90:** 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.

**Keflex 500mg #60:** 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.

**Post-operative physical therapy 2 times a week for 8 weeks:** 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.

**Pre-operative clearance and labs (history and physical, EKG, Chest X-ray, CBC, PTT, INR and UA): 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.