

Case Number:	CM15-0122036		
Date Assigned:	07/06/2015	Date of Injury:	12/26/2007
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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:

This injured worker is a 64-year-old male who sustained an industrial injury on 12/26/07. Injury occurred when he slipped and fell into a hole. Past surgical history was positive for an L4/5 lumbar fusion in 2011. The 2/10/15 lumbar spine MRI impression documented post-surgical fusion and stabilization of the spine at L4/5 with pedicular screws in good position, and normal appearing intervertebral disc space with no disc protrusion. There intervertebral disc spaces above appeared dehydrated but otherwise normal without bulge or protrusion. There was some degenerative change at L3/4 with osteophytes present laterally; otherwise no specific abnormality was noted. The disc spaces above and to the thoracolumbar level appeared unremarkable. The 3/25/15 spine surgery report cited low back pain to the right hip and down the left leg. He was not taking any medications. Physical exam documented range of motion decreased in all directions, straight leg raise was positive on the right, and toe/heel walk was difficulty on the right. The spine surgeon stated that he disagreed with the radiologist's MRI report and L3/4 and L5/S1 were positive. There was mild disc herniation and disc degeneration with radiculopathy right leg. The treatment plan recommended L3/4 and L5/S1 minimally invasive percutaneous discectomy. Epidural steroid injection had been denied. The 5/1/15 treating physician report indicated that the injured worker continued to try to cope with his pain. Minimally invasive surgery, epidural steroid injection and physical therapy were pending. He was not taking any medications. Physical exam documented decreased lumbar range of motion, positive right straight leg raise, old surgical scar intact, and toe/heel walk difficult on the right. Authorization was requested for outpatient lumbar L3/4 and L5/S1 minimally invasive

percutaneous discectomy and post-operative physical therapy (12 sessions) three times a week for four weeks for the lumbar spine. The 6/12/15 utilization review non-certified the request for outpatient lumbar L3/4 and L5/S1 minimally invasive percutaneous discectomy and associated physical therapy as there were no objective exam findings or radiculopathy described on the exam in a dermatomal distribution, the MRI was normal, there was no clear EMG/NCV supporting radicular irritation, and conservative treatment was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L3-L4, L5-S1 (sacroiliac) Minimally Invasive Percutaneous Discectomy, Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Percutaneous Discectomy (PCD).

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 (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 injured worker presents with low back pain radiating to the right hip and down the left leg. Clinical exam findings do not evidence a focal neurologic deficit. MRI findings were reported by the radiologist to be within normal limits, with no evidence of neural compression. There is no electrophysiological evidence of a surgical lesion noted in the medical records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no compelling reason to support the medical necessity of minimally invasive percutaneous discectomy in the absence of guideline support or as an exception to guidelines. Therefore, this request is not medically necessary at this time.

Post operative Physical Therapy, Lumbar Spine, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.