

Case Number:	CM15-0128981		
Date Assigned:	07/15/2015	Date of Injury:	07/01/2005
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/02/2015

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 54-year-old male who sustained an industrial injury on 7/1/05, due to a motor vehicle accident. Past surgical history was positive for anterior cervical discectomy and fusion (ACDF) at C4/5 in 2005. The 7/9/14 lumbar spine MRI impression documented diffuse posterior annular disc bulges at L4/5 and L5/S1, up to 4 mm. There was marked deformity and concavity of the L3 endplate consistent with posttraumatic compression of the superior L3 endplate with mild central stenosis. The 5/22/15 treating physician report cited grade 8-9/10 lumbosacral pain that was unchanged. Lumbar MRI was positive for L1/2 and L3-S1 4 mm disc bulges. There was no change reported in the physical exam. Review of systems documented stress, depression, anxiety and sleep disturbance. The diagnosis included traumatic brain injury with post-concussive symptoms, cervical sprain/strain with left radiculopathy status post ACDF, and lumbar sprain/strain with multilevel herniated nucleus pulposus. The injured worker was capable of modified work. The 6/3/15 spine surgeon report documented lumbar range of motion decreased in all directions with pain. There was a positive straight leg raise, and radiculopathy to the left gluteus. The diagnosis was L4/5 disc herniation and radiculopathy. He was status post epidural steroid injection. Medications included Baclofen and Norco. Authorization was requested for L4-S1 minimally invasive percutaneous discectomy. The 6/18/15 utilization review non-certified the request for L4-S1 percutaneous discectomy as there was a lack of clinical correlation between the requested levels of the procedure and imaging and physical exam findings, and the absence of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 minimally invasive Percutaneous Discectomy: 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) (20th annual edition) & ODG Treatment in Workers Comp (13th annual edition) 2015 Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. 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 recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. 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 back pain radiating into the left gluteal region. Clinical exam findings are limited to positive straight leg raise with no documentation of a focal neurologic deficit correlated with imaging evidence at L4/5 and L5/S1. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Additionally, percutaneous discectomy is overall not supported by evidence based medical guidelines. Therefore, this request is not medically necessary.