

<b>Case Number:</b>	CM15-0061141		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: New York  
Certification(s)/Specialty: Neurological 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 59 year old male, who sustained an industrial injury on 4/17/2014. He reported a lifting type injury resulting in low back pain with right lower extremity radicular symptoms. Diagnoses include lumbago, lumbar neuritis, and foramen stenosis. Treatments to date include medication therapy, physical therapy, epidural steroid injections. Currently, he reported 50% improvement from previous epidural steroid injection. On 2/27/15, the physical examination documented positive straight leg raise test on right side. The plan of care included a urine toxicology screen and percutaneous discectomy at L3-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L5 minimally invasive percutaneous diskectomy, any repair, under anesthesia:** Upheld

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

**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 chapter-percutaneous diskectomy.

**Decision rationale:** The ODG guidelines do not recommend percutaneous discectomy. They note no studies have demonstrated the procedure to be as effective as discectomy or microsurgical discectomy. The requested treatment: L3-L5 minimally invasive percutaneous discectomy, any repair, under anesthesia is NOT medically necessary and appropriate.