

Case Number:	CM15-0078499		
Date Assigned:	04/29/2015	Date of Injury:	03/01/2013
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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:

The injured worker is a 60 year old male, who sustained an industrial injury on March 1, 2013. He has reported lower back pain, wrist pain, neck pain and rib pain. Diagnoses have included degeneration of thoracic intervertebral disc, thoracic or lumbar neuritis or radiculitis sprain of ribs, carpal tunnel syndrome, discogenic lower back pain, and sleep disturbance. Treatment to date has included medications, injections, epidural steroid injection, and imaging studies. MRI thoracic spine 4/17/13 demonstrates 5 mm right paracentral disc protrusion T8-9 without spinal canal or neural foraminal narrowing. A progress note dated March 13, 2015 indicates a chief complaint of lower back pain. The treating physician documented a plan of care that included spine surgery and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

T12-11 minimally invasive percutaneous discectomy and any repairs: 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, Low Back, Percutaneous discectomy.

Decision rationale: Official Disability Guidelines, Low Back, Percutaneous Discectomy states that this technique is not recommended. It states that no studies have demonstrated efficacy over traditional discectomy. Therefore the request is not medically necessary.

Post OP Physical therapy 9 Visits 3xwk 3wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25 and 26.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.