

<b>Case Number:</b>	CM13-0003745		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53 year old woman who injured her back on April 19, 2011 while lifting a box overhead. She complains of continuing back pain radiating to the buttocks and both legs worse on the left. She also reports left leg weakness and falling. She has been treated conservatively with epidural steroid injections and activity modification. On physical examination the patient has tenderness to palpation of the lumbar spine. She has 75% of normal lumbar motion. Straight leg raising test is positive on the left. Left ankle plantar flexion strength is 4-5. Sensation was decreased in the left S1 dermatome. MRI from April 2012 showed L2-3 and L3-4 minimal disc bulges. At L4-5 there was a disc osteophyte complex. At L5 S1-1 disc osteophyte complex projected to the left with a possible annular tear. At issue is whether L5-S1 lumbar discectomy surgery with hemilaminotomy and fluoroscopic needle placement is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1. Decision for outpatient lumbar hemi-laminotomy interspace, fluoroscopic guidance for needle/level marking:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** This patient does not meet criteria for lumbar decompressive surgery. The patient's MRI does not show evidence of neural compromise. The patient's MRI does not show evidence of significant lumbar nerve root compression. The MRI imaging study does not support the findings of significant L5-S1 herniated discs causing compression of the left S1 nerve root. Because there is no evidence of lumbar herniated disc on the MRI compressing the left S1 nerve root, criteria for lumbar decompressive discectomy surgery at L5-S1 are not met.