

<b>Case Number:</b>	CM13-0020582		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/23/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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. The expert 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 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/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 37-year-old male with a date of injury of may 23rd 2009 when he fell from a ladder at work and landed on his buttocks. He complains of chronic low back pain and numbness in his left leg. He had a left L5-S1 transforaminal epidural steroid injection. The injection improved his left leg complaints but did not improve his back pain. He takes NSAID medications and Flexeril. He has had physical therapy. On physical examination he has tenderness to palpation of the low back musculature. He has a limited range of motion of the back. Deep tendon reflexes are normal straight leg raising is negative bilaterally. Lumbar MRI from September 2012 reveals disc degeneration at L5-S1 with a central disc protrusion. At issue is whether lumbar discectomy surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT L5-S1 HEMILAMINECTOMY AND DISCECTOMY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** This patient does not meet establish criteria for lumbar discectomy surgery. Specifically there is no documented radiculopathy on physical examination that clearly correlates

with evidence of nerve root compression on MRI imaging studies. In addition, the patient does not have any documented progressive neurologic deficit. The patient's MRI imaging studies do not show severe compression of the specific nerve root that correlates with radiculopathy on physical examination. Criteria for lumbar discectomy surgery are not met. Lumbar discectomy surgery is not medically necessary.

**PRE-OP LAB:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**TWELVE (12) POST-OP PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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