

<b>Case Number:</b>	CM13-0022188		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/05/1997
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 54-year-old female with a reported date of injury of 06/05/1997. Current request is for a possible discectomy at L5-S1 with decompression of the L3, L4, L5, and S1 nerve roots. The patient has MRI evidence of mild diffuse disc bulge at L3-4 with mild bilateral neural foraminal narrowing. The patient had minimal retrolisthesis at L4-5 with mild diffuse disc bulge, minimal canal narrowing, and moderate bilateral neural foraminal stenosis. At L5-S1, the patient had severe degenerative disc disease with loss of disc height, extruded disc material, moderate narrowing of the left lateral recess, and moderate bilateral neural foraminal stenosis. The patient has electrodiagnostic study evidence of left L5 and possible S1 radiculopathy. The patient has complaints of low back pain radiating to the left lower extremity with numbness and tingling. The patient was noted to have absent ankle reflex bilaterally with diminished sensation in the left L4, L5, and S1 dermatomes. The patient is noted to have failed conservative care including epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discectomy at L5-S1 with decompression of L3, L4, L5 and S1 nerve roots:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines 5th Edition, pages 382-383. Additionally, AMA Guides.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** CA MTUS/ACOEM guidelines state that "Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear." The patient does have imaging and electrodiagnostic evidence consistent with a diagnosis of lumbar radiculopathy. The patient is also noted to have neurological deficits on physical examination. The patient has been unresponsive to conservative care to date, including epidural steroid injection. Based on the available documentation, the patient may benefit from surgical decompression surgery in the lower lumbar spine. However, the documentation submitted for review fails to demonstrate that the patient who requires decompression of the L3, L4, L5, and S1 nerve roots. All 4 nerve roots have not been identified as pain generators. As such, the surgical intervention is non-certified at this time.

**Length of Stay (LOS):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Length of Stay (LOS).

**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, Hospital length of stay (LOS).

**Decision rationale:** CA MTUS / ACOEM guidelines do not address this request. However, Official Disability Guidelines recommend up to a 1 day length of stay for patient's status post lumbar discectomy procedures. The concurrent request for lumbar decompression surgery was found to be non-certified. Therefore, there is no need for an inpatient stay. Furthermore, the request does not specify the duration of the requested length of stay. As such, the request is non-certified at this time.