

<b>Case Number:</b>	CM13-0024046		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 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 49-year-old female who sustained an injury to her lumbar spine in a work related accident on 04/13/12. Clinical records specific to the lumbar spine include a prior MRI report of 05/22/12 that showed minimal disc bulging and slight distortion of the anterior thecal sac at the L4-5 level with mild degenerative facet changes, but no documentation of compressive findings noted. Records indicate that since time of injury the claimant has been treated conservatively with medication management, physical therapy, activity restrictions, as well as fluoroscopic guided epidural steroid injections. Most recent clinical assessment for review of 10/01/13, a follow up orthopedic consultation with [REDACTED] showed continued complaints of pain with activities of daily living with failure to improve with conservative care despite significant conservative measures to the low back. She was with objective findings showing restricted lumbar range of motion, 4+/5 quadriceps and 4/5 EHL strength on the left, diminished sensation at L4-5 dermatomal distribution, and positive left sided straight leg raising. She was diagnosed with neural encroachment bilaterally at the L4-5 level with radiculopathy refractory to treatment. Plan at that time was for a continued request of a L4-5 decompression. Further documentation of testing in the form of further MRI scans is not noted. There is an electrodiagnostic study report from 08/16/13 stating a chronic left L5 denervation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for LT L4-5 lumbar decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306..

**Decision rationale:** Based on California ACOEM Guidelines, the role of lumbar decompression at the L4-5 level would not be supported. The claimant is noted to be with continued complaints of pain, but no clear documentation on imaging that would support neurocompressive findings at the L4-5 level that would justify the need for surgical intervention at this chronic stage in the claimant's course of care. Guideline criteria indicate the need for prompt intervention in situations where there is evidence of a clear neurocompressive lesion, however, in this case, there is not imaging beyond a May, 2012 MRI with evidence of chronic L5 denervation documented on electrodiagnostic testing.