

<b>Case Number:</b>	CM13-0028309		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 43 year old male who sustained a work injury falling off a ladder on 9/6/2013. The patient experiences back pain radiating to left lower extremity. He had 2 epidural steroid injections without lasting relief of pain. Exam results show decreased range of back motion, back muscle tenderness, and positive straight leg rising testing at 70=90 degrees. A motor exam was normal except mild weakness of left extensor hallucis longus muscle which is the L5 nerve root. Decreased sensation and reflex on left S1 distribution is noted. A lumbar MRI from 5/7/12 documents a left sided disc herniation compressing the left S1 nerve root. The l4-5 disc was noted to be intact without herniation of nerve root compression. At issue is whether or not left L5-S1 discectomy surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 microdiscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The medical necessity of left L5-S1 discectomy surgery has not been established at this time. Specifically, the MRI is over one year old and there is no official reading by a neuroradiologist included in the medical records provided for review. Within the past year, the disc herniation could have resorbed or changed in size. Also, the patient has exam findings of multiple nerve roots being involved on physical examination. The left EHL which is the L5 nerve root is mildly weak and there is a sensory and reflex change on the left S1 nerve root. Specifically, there is not a specific nerve root deficit correlating only to the left S1 nerve root. Criteria for lumbar discectomy surgery are not met at this time. The request for a L5-S1 microdiscectomy is not medically necessary and appropriate.