

<b>Case Number:</b>	CM13-0029735		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 claimant is a 53-year-old gentleman who injured his low back in a work-related accident on January 5, 2012. Clinical records for review included a 09/05/13 assessment indicating ongoing complaints of low back and left leg pain with examination showing 4/5 quadriceps and extensor hallucis longus strength bilaterally with 4/5 gastroc strength on the left, absent reflexes, and dermatomal sensory change in an L4 and L5 dermatomal distribution. Reviewed on that date was an MRI report from 07/06/13 that showed multilevel disc desiccation from L2-3 through L5-S1. There was no indication of compressive pathology noted at L3-4 or L5-S1. At the L4-5 level, there was noted to be extension of the disc bulge to the L4 neural foramina bilaterally. Based on failed conservative care that included two prior epidural steroid injections, a three-level decompression and laminectomy with discectomy was recommended for the above-mentioned individual.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-S1 posterior lumbar laminectomy/discectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-307.  
Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/laminectomy.

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

**Decision rationale:** Based on California ACOEM 2004 Guidelines, surgical discectomy at the multiple levels requested would not be indicated. At present, the claimant's clinical imaging and current physical examination findings do not correlate with compressive pathology at the L3 through S1 level to support the role of a multilevel operative procedure. The claimant's recent MRI scan fails to demonstrate any degree of compressive pathology at L3-4 or L5-S1. The specific request in this case would not be supported as medically necessary.