

<b>Case Number:</b>	CM13-0029879		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/27/2013
<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 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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 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 47-year-old male who reported an injury on 02/04/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with chronic left L5 radiculopathy secondary to herniated/extruded disc at L4-5. The patient was seen by [REDACTED] on 07/17/2013. The patient underwent an ORIF of the left hip following initial injury. The patient progressed well and eventually had the instrumentation removed. The patient was able to return to work full time. However, after removal of the instrumentation, the patient noted an onset of left lower extremity pain. The patient has completed conservative treatment to include 2 epidural steroid injections and physical therapy. The patient currently reported radiating pain into the left lower extremity with numbness. Physical examination on that date revealed normal tone, bulk, strength, and coordination of bilateral upper and lower extremities, normal gait, and 1+ deep tendon reflexes with absent Babinski. The patient also demonstrated hypoesthesia over the left lateral calf and onto the dorsum of the foot with mild tenderness to palpation on percussion of the lumbar spine and positive straight leg raising on the left. It is noted that the patient's MRI of the lumbar spine dated 01/09/2012 indicated a moderately large disc extrusion at L4-5 on the left with compression of the neural elements. Treatment recommendations at that time included an L4-5 microdiscectomy. The patient was also pending authorization for an updated MRI scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 DISCECTOMY:** 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): 305-307.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines state symptoms should confirm the presence of radiculopathy. There should be evidence of nerve root compression, lateral disc rupture, or lateral recess stenosis upon imaging study. Conservative treatment should include activity modification, drug therapy, epidural steroid injections, physical therapy, and manual therapy. There should also be a psychological screening completed prior to a laminectomy. As per the documentation submitted, the patient has completed conservative treatment to include 2 epidural steroid injections and physical therapy. However, there is no evidence of a failure to respond to activity modification, drug therapy, and manual therapy. There is also no documentation of a psychological screening completed prior to the request for surgical intervention. The patient was also pending an updated magnetic resonance imaging (MRI) of the lumbar spine. Based on the aforementioned points, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**ONE DAY INPATIENT STAY:** 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.

**ONE SET OF COMPLETE LUMBAR SPINE X-RAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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.