

<b>Case Number:</b>	CM13-0040562		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Medicine, 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 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 injured worker is a 68-year-old who reported an injury on July 4, 2012. The mechanism of injury was not specifically stated. Current diagnoses include lumbar sprain, lumbar radiculopathy, and sciatica. The latest physician progress report submitted for this review is documented on May 13, 2013. The injured worker reported persistent lower back pain with stiffness and weakness in the right lower extremity. Physical examination revealed tenderness to palpation, spasm, positive straight leg raising, and 4/5 weakness in the right lower extremity. Treatment recommendations at that time included authorization for a lumbar spine surgery. It is noted that the injured worker underwent electrodiagnostic studies on May 10, 2013, which indicated moderate chronic S1 radiculopathy on the right. The injured worker also underwent an MRI of the lumbar spine on April 30, 2013, which indicated a 5 mm posterior protrusion of the nucleus pulposus at L4-5 without evidence of neural foraminal narrowing or lateral recess stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar decompression at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): 305-306.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, an extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment to resolve radicular symptoms. Official Disability Guidelines state, prior to a discectomy or laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral for physical or manual therapy, or the completion of a psychological screening. As per the documentation submitted, the injured worker's physical examination does reveal positive straight leg raising with weakness in the right lower extremity. Electrodiagnostic studies do confirm S1 radiculopathy in the right lower extremity. There is also evidence of an L4-5 disc dehiscence and 5 mm protrusion of the nucleus pulposus at L4-5. However, there is no mention of an attempt at conservative treatment to include activity modification, drug therapy, epidural steroid injections, physical therapy, or manual therapy. Therefore, the injured worker does not currently meet criteria for the requested procedure. The request for Lumbar decompression at L4-L5 is not medically necessary or appropriate.