

<b>Case Number:</b>	CM13-0041415		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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, 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 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 47-year-old male who reported a work-related injury on 02/21/2012, mechanism of injury not specifically stated. The patient presents for treatment of the following diagnoses. The mechanism of injury was noted as a fall. The patient subsequently presents for treatment of status post arthroscopic partial meniscectomy chondroplasty of the left knee, and lumbar strain. MRI of the lumbar spine dated 05/02/2013, signed by [REDACTED] revealed the L4-5 disc was desiccated and demonstrated slight retrolisthesis of L4 upon L5. There was a 5.7 mm posterior midline extrusion and moderate spinal cord stenosis. At the L5-S1 level, the disc was desiccated and demonstrated a 4.5 mm diffuse posterior bulge. There was moderate bilateral L4-5, L5-S1 foraminal narrowing. Clinical note dated 09/17/2013 reports the patient was seen for follow-up under the care of [REDACTED]. The provider documented a different physician has recommended for the patient to undergo an L4-5 discectomy. The clinical notes evidence examination of the patient revealed deep tendon reflexes were symmetric bilaterally, motor strength was 5/5 throughout the bilateral lower extremities, and the provider documented the patient reported dysesthesias to the left lateral calf area. The provider documented the patient would continue with medications including Norco, Flexeril, and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 and L5-S1 microdiscectomy surgery, pre-operative medical and assistant surgeon:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 89-92.

**Decision rationale:** The current request is not supported. California MTUS/ACOEM indicates direct methods of nerve root decompression include laminotomies, standard discectomy, and laminectomy. Furthermore, Official Disability Guidelines indicates objective on examination need to be present. Straight leg raising test, cross straight leg raising, and reflex exam should correlate with symptoms and imaging. The clinical notes failed to evidence that the patient presents objectively with any motor or neurological deficits upon physical exam to support the requested surgical procedure at this point in his treatment. The clinical notes failed to document specific correlation of imaging study findings of the provider's objective physical exam findings. Therefore, the requested operative procedure is not supported; hence, preoperative medical clearance and assistant surgeon would not be indicated. As such, given all the above, the request for L4-5 and L5-S1 microdiscectomy surgery, pre-operative medical and assistant surgeon is not medically necessary or appropriate

**DME-soft lumbar brace:** 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