

<b>Case Number:</b>	CM13-0042694		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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, 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 claimant is a 44-year-old male who was injured in a work related accident on June 15, 2010 sustaining an injury to the low back. Clinical records provided for review include a January 4, 2013 electrodiagnostic study report demonstrating radiculopathy at the left L4-5 level with no other pertinent findings noted. A clinical followup assessment of September 10, 2013 indicated ongoing complaints of low back and left lower extremity pain secondary to his work related injury of 2010. It states he has been treated conservatively with epidural injections, physical therapy, and medication management with dwindling results. His physical examination shows an antalgic gait with use of a cane, restricted range of motion with neurologic testing showing full motor strength, sensory exam and deep tendon reflex examination to be within normal limits. Radiographs were reviewed on that date that showed disc space narrowing at L5-S1. There was also a review of a recent MRI report that showed disc protrusion at the L5-S1 level with left sided nerve root impingement. The claimant was diagnosed with lumbar radiculopathy at the L5-S1 level and surgical process was recommended in the form of laminectomy and discectomy procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LAMINECTOMY/DISCECTOMY L/5 S- 1 LEFT SIDE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 306.

**Decision rationale:** ACOEM Guidelines state, "Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear." While the claimant's clinical picture is consistent with subjective complaints of left lower extremity pain, his current physical examination fails to demonstrate any degree of motor, sensory or reflexive change that would warrant the acute need of the surgical process four years following the work related injury in question. The lack of clinical correlation between examination and clinical testing would fail to necessitate the acute need of surgery. The request is not medically necessary and appropriate.