

<b>Case Number:</b>	CM13-0043460		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Physical Medicine and Rehabilitation 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 55-year-old male who reported an injury on 09/04/2012. The patient is diagnosed with lumbago and lumbar radiculopathy. The patient was seen by [REDACTED] on 11/11/2013. The patient reported ongoing bilateral lower extremity pain. Physical examination revealed decreased sensation in the dorsal aspect of the right foot, numbness in the lateral aspect of the left lower extremity, positive straight leg raising bilaterally, and normal deep tendon reflexes. The treatment recommendations included bilateral L4-5 decompression with microdiscectomy at L4-5 as well as left-sided L5-S1 foraminotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sided L5-S1 decompression with a foraminotomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy, Laminectomy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms,

activity limitations for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines recommend discectomy/laminectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse. Microdiscectomy is recommended for symptomatic lumbar disc herniation in patients with a preponderance of leg pain who have failed nonoperative treatment. As per the clinical documentation submitted, the patient underwent an MRI of the lumbar spine on 09/19/2013, which revealed moderately severe central canal stenosis with a broad-based central disc herniation on the right at L4-5 with mild to moderate bilateral foraminal stenosis, as well as disc desiccation with a small central disc protrusion and mild right foraminal stenosis at L5-S1. There was no evidence of nerve root compression at S1. There was also no documentation of a failure to respond to conservative treatment including activity modification, medications, epidural steroid injections, or physical therapy. Based on the clinical information received, the request is non-certified.

**Bilateral L4-L5 decompression with microdiscectomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Microdiscectomy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines recommend discectomy/laminectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse. Microdiscectomy is recommended for symptomatic lumbar disc herniation in patients with a preponderance of leg pain who have failed nonoperative treatment. As per the clinical documentation submitted, the patient underwent an MRI of the lumbar spine on 09/19/2013, which revealed moderately severe central canal stenosis with a broad-based central disc herniation on the right at L4-5 with mild to moderate bilateral foraminal stenosis, as well as disc desiccation with a small central disc protrusion and mild right foraminal stenosis at L5-S1. There was no evidence of nerve root compression at S1. There was also no documentation of a failure to respond to conservative treatment including activity modification, medications, epidural steroid injections, or physical therapy. Based on the clinical information received, the request is non-certified.