

<b>Case Number:</b>	CM13-0045786		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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:

This is a 37-year-old male patient with a 9/8/10 date of injury when he had been carrying heavy equipment. 9/23/13 progress report indicates persistent low back pain with radiating complaints the leg. Physical exam demonstrates limited lumbar range of motion. The patient underwent a far lateral left L4-5 microdiscectomy in 2012, but continued to have symptoms of leg pain following his surgery in the L4 dermatome. 10/16/13 physical exam demonstrates limited lumbar range of motion, positive straight leg raise test, global lower extremity motor weakness. 11/7/13 physical exam demonstrated diffuse sensory disturbances. 12/16/13 physical exam demonstrated diffuse sensory disturbances. Repeat lumbar MRI on 9/16/13 demonstrates a recurrent disk herniation at the left L4-5 level with disk material in the foramen. Treatment to date has included TENS unit, medication, activity modification. There is documentation of a previous 10/23/13 adverse determination for lack of clinical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Surgery: Re-exploration/decompression to remove disc: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression.

**Decision rationale:** CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. However, there remains no clinical evidence of focal motor, sensory or reflex deficits that would corroborate a specific clinical radiculopathy. Given ambiguous clinical presentation and borderline postsurgical MRI findings, additional testing would seem indicated, but was not obtained. A specific level to be operated on was not identified. Therefore, the request for outpatient surgery: re-exploration/decompression to remove disc was not medically necessary.