

<b>Case Number:</b>	CM13-0047537		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Spine Surgery and is licensed to practice in New York. 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:

Patient is a 62 year old male with the date of injury is August 10, 2011. Injury occurred when he was pulling a container trash. The patient reports chronic low back pain. He is 1 month status post transforaminal epidural steroid injection at L5-S1. This produced no change in his low back pain. He also reports cramping of both legs. The patient takes narcotic medications. On physical examination motor strength in the legs and sensation in the legs reportedly normal. MRI shows 6 mm recurrent disc herniation of L5-S1. Conservative care has included activity modification, physical therapy, status post lumbar microdiscectomy at L5-S1 on December 3, 2012. And epidural steroid injection. At issue is whether repeat lumbar discectomy and lumbar fusion at L5-S1 as medically necessary. &#x2013;

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Procedure of Lumbar Discectomy and Fusion at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; AMA Guides (Radiculopathy, Instability).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline on Evidence Based guidelines, Resnick DK, Groff, MC page 307,E. Spinal Fusion, Page 305 Low Back Complaints.

**Decision rationale:** This patient does not meet established criteria for lumbar discectomy and fusion surgery. Specifically, the physical examination does not documented any exact lumbar radiculopathy. The exam does not demonstrate any radiculopathy or evidence of abnormal motor or sensory function. In addition, the patient's reported imaging studies do not demonstrate any evidence of instability, fracture, or tumor or progressive neurologic deficit. The patient does not have any redness leg indicators of spinal surgery such as fracture, tumor or neurologic deficit. In this case, there is no clear correlation between imaging studies and physical examination indicating a radiculopathy related to nerve root compression on physical examination imaging study.