

<b>Case Number:</b>	CM13-0047587		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/25/1971
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/22/2013
<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 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 66-year-old male who reported an injury on 01/25/1971. The mechanism of injury was not submitted for review. The patient developed an acute exacerbation of chronic low back pain that was treated with medications, injection of Toradol, and physical therapy. The patient underwent an MRI in 09/2013 that revealed a disc herniation at the L4-5 impinging the L5 nerve root and a disc herniation at the L5-S1 causing severe right-sided intervertebral neural foraminal stenosis. The patient's most recent clinical evaluation revealed that the patient had tenderness over the sciatic distribution of the right buttocks, decreased sensation to fine touch and pinprick over the L4, L5 and S1 dermatomes of the right foot and a positive straight leg raising test. It was also noted that the patient had absent left Achilles reflex and a trace right Achilles reflex and an absent right patella reflex. The patient's diagnoses included an L4-5 right paracentral herniated nucleus pulposus with L5 nerve root impingement and radiculopathy. The treatment recommendations included surgical intervention documented as a microdiscectomy of the L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 microdiscectomy surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery - Discectomy/laminectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy

**Decision rationale:** The requested right L4-5 microdiscectomy surgery is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has longstanding chronic back pain. The [REDACTED] recommend nerve root decompression when there are physical findings of neurological deficits corroborated by an imaging study that has failed to respond to lower levels of cares. The Official Disability Guidelines recommend a microdiscectomy for patients who have S1 nerve root compression reported by radicular findings that have been recalcitrant to conservative treatments. The clinical documentation submitted for review does provide evidence of an imaging study that does conclude there is L5 nerve root impingement. The patient's clinical findings included a positive straight leg raising test, disturbed sensation in the L3-4 and L5 dermatomes, and decreased reflexes in the lower extremities. However, the clinical documentation submitted for review does not provide evidence that the patient has mild to moderate weakness and atrophy in the foot, toe or dorsiflexor. The patient has had conservative treatment to include physical therapy and nonsteroidal anti-inflammatory drug (NSAID) therapy. However, the clinical documentation fails to provide evidence that the patient has exhausted all lower levels of equipment. As the patient does not have significant motor strength deficits in the L5 myotome and the documentation does not clearly reflect that the patient has exhausted all lower levels of conservative therapy, surgical intervention would not be supported. As such, the requested right L4-5 microdiscectomy surgery is not medically necessary or appropriate at this time.

**Pre-operative medical clearance with EKG and labs:** 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.

**2 post-operative visits with x-rays:** 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.