MAXIMUS Federal Services

| Case Number: | CM13-0049039 | | |
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| Date Assigned: | 02/05/2014 | Date of Injury: | 02/08/2013 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

## 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 Sugery 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 53-year-old gentleman who sustained a low back injury while lifting an object at work on 02/08/13. The clinical records provided for review documented that lumbar radiographs revealed early degenerative change and a degenerative spondylolisthesis of L5 on S1. The MRI report of 04/04/13 showed a 5 millimeter disc bulging at L3-4 with moderate canal narrowing and moderate bilateral facet arthropathy. The L4-5 level had a 4 millimeter paracentral disc protrusion with moderate bilateral neuroforaminal narrowing and moderate facet arthropathy. The MRI also showed multilevel disc bulging at L2-3 and L5-S1 with moderate foraminal narrowing. Previous electrodiagnostic studies for review of 05/09/13 to the lower extremities were read as normal. A follow up report on 09/18/13 noted ongoing complaints of low back pain with lower extremity weakness. Physical examination showed 4/5 reduced motor strength to the right lower extremity with knee extension. There was no documentation of sensory or reflexive change. Based upon the claimant's working diagnosis of degenerative spondylolisthesis, a microdiscectomy at the L3-4 and L4-5 level was recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MICRODISKECTOMY AT L3-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK SECTION, INDICATIONS FOR SURGERY DISCECTOMY/LAMINECTOMY

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** The California ACOEM Guidelines do not recommend the proposed microdiscectomy at L3-L5. While the claimant continues to have low back and radiating leg complaints, there is no documentation in the records provided for review of imaging reports or testing to clinically correlate with the L3-4 and L4-5 levels. This individual has negative electrodiagnostic studies and imaging that demonstrates multilevel degenerative processes from the L2-3 through L5-S1 level. In the absence of clinical correlation with electrodiagnostic findings and examination, the proposed surgery at the L3-4 and L4-5 level cannot be recommended.

**ASSISTANT SURGEON:** 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.