

<b>Case Number:</b>	CM13-0054335		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	11/19/2013

### 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 and is licensed to practice in Washington, New York, and New Hampshire. 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 has a date of injury of October 20, 2008. The mechanism of injury is not documented. The patient complains of pain in the right leg numbness in the right foot but also pain on the left foot. On physical examination the patient has a painful range of lumbar motion. Lumbar motion is limited secondary to pain. Motor strength was 5 out of 5 in all muscle groups bilaterally except the left EHL which is 4/5. The tibialis anterior was 4/5 on the left. The right EHL was 4/5. The right tibialis anterior was 4+ out of 5. Straight leg raising was positive on the left side. MRI of the lumbar spine from June 2013 demonstrated discogenic disease at L3-4, L4-5, and L5-S1. At L3-4 there is a right paracentral disc protrusion with slight compression of the right L4 nerve root and some canal stenosis. Treatment to date has included acupuncture and hydrotherapy. At issue is whether surgical decompression in the form of right l3-4 discectomy is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-4 microdiscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, Discectomy/Laminectomy, ODG Indications for Surgery.

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

**Decision rationale:** The patient does not meet established criteria for lumbar decompressive surgery. Specifically, the lumbar MRI does not show very severe lumbar spinal stenosis. In addition, the lumbar MRI does not show severe compression of the right L4 nerve root. Also, the patient's physical examination shows more findings on the left side than the right side. The patient only mild 4 minus over 5 tibialis anterior strength on the right side. The patient has more weakness on the left side at multiple muscle groups. Lumbar discectomy surgery for right-sided L4 decompression is not medically necessary. Criteria for lumbar decompression discectomy surgery are not met because the imaging studies do not correlate with the patient's physical examination. In addition, the patient a right-sided straight leg raising test is reported as normal. This would indicate an absence of significant pressure effect and inflammation of the right L4 nerve root. Criteria are for lumbar decompressive surgery are not met..

**In-patient stay 2-3 days:** 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.

**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.

**Pre-operative clearance:** 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.