

<b>Case Number:</b>	CM13-0058173		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/10/2013
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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:

The claimant is a 52-year-old female who sustained a low back injury in a work related accident on February 10, 2013. The clinical records provided for review included an MRI report dated March 11, 2013 identifying degenerative disc disease at multiple levels with a left lateral disc bulge at L4-5 resulting in left neural foraminal narrowing. There was also impingement noted at the left L5 nerve root with facet hypertrophy. Treatment to date was noted to include epidural injections, acupuncture, therapy and medication usage. An October 10, 2013 orthopedic assessment documented continued low back and lower extremity complaints with EHL and ankle eversion weakness of 4/5 with intact sensation and equal and symmetrical reflexes. Based on failed conservative care, the recommendation was made for an isolated decompressive procedure at the right L4-5 level with a two day inpatient hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Right L4-L5 lateral recess decompression:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Online Edition, Chapter, Low Back-Decompression.

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

**Decision rationale:** Based on California ACOEM 2004 Guidelines, the request for right L4-5 lateral recess decompression appears medically necessary. The medical records for review indicate that the claimant has failed a significant course of conservative care and continues to have positive findings on examination. Given the claimant's clear radicular findings on examination that correlate with the compressive findings on imaging, the surgery would be medically necessary.

**2 Days inpatient hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Discectomy/ laminectomy

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines for inpatient length of stay, the proposed two day inpatient length of stay cannot be supported. ODG Guidelines recommend a one day inpatient length of stay following a decompressive discectomy procedure to the lumbar spine. There is no documentation that this claimant has any comorbid factors that would make her an exception to the standard of care. The specific request for two inpatient days for this claimant cannot be supported as medically necessary.