

<b>Case Number:</b>	CM13-0058578		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/22/2006
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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:

This is a 47-year-old individual injured in a work related accident 06/22/06. Clinical records for review indicated low back related complaints. On 11/27/13, a follow up evaluation with [REDACTED] documented that the claimant is 14 months following surgical intervention with continued complaints of low back pain radiating to the right groin and thigh. Physical examination showed essentially full lumbar range of motion with tenderness to palpation, equal and symmetrical deep tendon reflexes, negative straight leg raising, full sensation and no documentation of motor deficit. The working assessment was L4-5 and L5-S1 spondylosis, fourteen months status posts an SI joint fusion on the right. Previous imaging included a 05/05/12 MRI report of the lumbar spine showing a large Tarlov root sleeve cyst at the S1 level and S2 level. There was noted disc bulging at L1-2, L4-5 and L5-S1 without documentation of significant neural compressive finding. The recommendation for a two level L3-4 and L4-5 right sided microdiscectomy and decompression was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Micro decompression foraminotomy L3-4 and L4-5 right side:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back (update 10/09/13), Disectomy/laminectomy- Indications for surgery

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for microdecompression and foraminotomy at the right of L3-4 and L4-5 level would not be indicated. While the claimant has continued complaints of pain in the lumbar spine status post a previous SI joint fusion, there is no current documentation of a radicular process at the L3-4 and L4-5 level on examination to warrant further surgical intervention. There is also no documentation of current imaging studies identifying neurocompression. The absence of this information would fail to meet the ACOEM Guidelines and the proposed surgery would not be medically necessary.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon Assistant Surgeon Guidelines

**Decision rationale:** The request for microdecompression and foraminotomy at the right of L3-4 and L4-5 level would not be indicated. Therefore, an assistant surgeon would not be medically necessary.

**Pre-op appointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for microdecompression and foraminotomy at the right of L3-4 and L4-5 level cannot be recommended as medically necessary. Therefore, the request for a preop appointment would not be medically necessary.