

<b>Case Number:</b>	CM13-0060241		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Pennsylvania. 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 claimant is a 31-year-old male with a reported injury date of May 6, 2013. The records suggest complaints of lower back pain, with diffuse radiation to the left lower extremity, and numbness and tingling. The examination is documented to show diminished sensation over the left anterior calf and the dorsum of the foot, with slight extensor hallucis longus weakness. The records indicate that the claimant "really has no pain at all in the right buttock or leg." An MRI of the lumbar spine from August 30, 2013 was reported to show a disc bulge at L4-5, with a superimposed right-sided paracentral focal protrusion resulting in severe central canal stenosis. The claimant has failed treatment with a steroid taper, Neurontin, and physical therapy. An L4-5 discectomy on the left has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 discectomy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

**Decision rationale:** The MTUS/ACOEM Guidelines allow for discectomy in patients with radicular complaints when they meet specific criteria. This claimant is noted to have weakness of the extensor hallucis longus. The claimant has correlating neurocompressive pathology according to the MRI though compression may be greater on the right than the left. The claimant has failed sufficient conservative treatment with activity modification, drug therapy, and physical therapy. Though the claimant has not undergone an epidural steroid injection, the MTUS/ACOEM Guidelines do not specifically require the use of an epidural steroid injection, and the provider has noted his opinion that it may not be helpful in this case due to the chronicity of symptoms, and the magnitude of neurocompressive pathology noted. The treating provider suggests that the claimant has severe lateral recess stenosis bilaterally. Overall, this rationale is reasonable given the degree of stenosis noted on top of the claimant's reported congenital stenosis and failure of sufficient conservative care.