

<b>Case Number:</b>	CM13-0062826		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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, has a subspecialty in Spinal Surgery and is licensed to practice in Texas and 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 injured worker is a 39-year-old male who reported an injury on 05/21/2012. The mechanism of injury was lifting a case of orange juice. The injured worker underwent two epidural steroid injections. The injured worker underwent an MRI of the lumbar spine on 10/07/2013 which revealed at the level L4-5 there was a 4 to 5 mm broad-based disc bulging and 5 mm left paracentral and lateral disc protrusion indenting on the thecal sac and abutting on bilateral emergent S1 nerve roots more on the left side. There was mild to moderate hypertrophy of the posterior elements with moderate bilateral foraminal and lateral recess narrowing. There was no evidence of central canal stenosis. At L5-S1, there was sacralization of the L5 vertebra. There was a loss of disc height. The injured worker had degenerative disc disease at L4-5. There was no evidence of acute fracture or subluxation. The PR-2 dated 11/01/2013 revealed the injured worker had no change in the level of pain. It was indicated the MRI showed a change in condition since the MRI of 2001. The diagnoses were clinical lumbar disc herniation, L4-L5 with left L5 radiculopathy and chronic discopathy and degeneration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LAMINECTOMY AND DISCECTOMY AT L4-5 QTY: 1.00:** Upheld

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

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

**Decision rationale:** The ACOEM Guidelines indicate that direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy and that the clinician should consider a referral for psychological screening to improve surgical outcomes. Surgery is indicated for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on an imaging study with accompanying objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair as well as failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had pain that had not changed. The MRI had objective positive findings. There was a lack of documentation of an objective physical examination to support specific nerve compromise. There was lack of documentation of electrophysiologic evidence of a lesion.. Given the above, the request for a laminectomy and discectomy at L4-5 quantity 1 is not medically necessary.