

<b>Case Number:</b>	CM13-0063372		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Texas. 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 42-year-old male, who was injured on June 2, 2013, after a fall. The injured worker was diagnosed with a lumbar strain. Medications included over the counter ibuprofen. An MRI of the lumbar spine on August 1, 2013, documented a moderately large left paracentral disc protrusion at L5-S1 displacing the left S1 nerve root posteriorly and likely accounted for the injured worker's left-sided radiculopathy. Treatment to date has included physical therapy, chiropractic care, a lumbar epidural steroid injection, and activity modification. An evaluation on November 14, 2013, documented complaints of continued low back pain radiating to the left hip, buttocks, and down the left lower extremity. The physical examination revealed decreased sensation in the entire distal left lower extremity from L3-S1. There was decreased sensation in the right S1 dermatome and absent reflexes in both knees. There was a 1+ reflex in the right ankle and which was absent on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INVASIVE LEFT L5-S1 LAMINOTOMY AND DISCECTOMY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Practice Standard Care.

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

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) supports discectomy for carefully selected injured workers with nerve root compression due to lumbar disc prolapse. An MRI of the lumbar spine on August 1, 2013, documented a moderately large left paracentral disc protrusion at L5-S1 displacing the left S1 nerve root posteriorly and likely accounted for the injured worker's left-sided radiculopathy. The injured worker has continued low back pain with radiculopathy despite conservative and interventional therapies. Medical necessity for the requested service has been established. The requested service is medically necessary.