

<b>Case Number:</b>	CM14-0002570		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 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 50 year old male who injured his low back while lifting a 500 pound object on 07/24/09. Records provided for review document that conservative care has included physical therapy, medication management, injections including epidurals, work restrictions and activity modification. A recent clinical follow up on 11/19/13 noted continued left lower extremity radicular complaints with weakness and axial low back complaints. Physical examination showed diminished sensation at the L5 level bilaterally. There was no documentation of motor or reflexive changes. The report of an MRI scan from 10/01/09 showed degenerative changes at the L3-4 and L4-5 level with multilevel disc bulging and left sided neural foraminal stenosis most prominent at the L4-5 level. Based on failed conservative care, the recommendation was made for decompression and microdiscectomy at the L4-5 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT LUMBAR MICRODISCECTOMY, FORAMINOTOMY, LAMINOTOMY AND MICRODEPRESSION AT THE LEFT L4-L5 LEVEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The medical records provided for review note that the imaging is four years old and there is no indication of more recent imaging to clinically correlate the claimant's current complaints. The acute need of a surgical process at this stage in the claimant's chronic course of care with no updated imaging or significant change in claimant's clinical findings would not be supported. The request for an outpatient lumbar microdisectomy, foraminotomy, laminotomy and microdepression at the left l4-l5 level is not medically necessary and appropriate.

**PRE-OPERATIVE MEDICAL CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**LUMBAR X-RAYS IN FLEXION/EXTENSION AP AND LATERAL VIEWS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**POST-OPERATIVE PHYSICAL THERAPY 3X4:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**POST-OPERATIVE LUMBAR SUPPORT (BRACE):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

