

<b>Case Number:</b>	CM14-0008601		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/21/2004
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Mississippi. 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 46 year-old individual who sustained an injury on 4/21/2004. Mechanism of injury is not listed. Previous surgery included a lumbar discectomy at L4/5 on the left in 2005. At the most recent office visit dated 11/27/2013, the injured worker complained of low back pain that radiates the left lower extremity with associated numbness in the left foot and ankle. Physical exam documents a small midline lower lumbar surgical scar; no tenderness; range of motion as follows: flexion 30°, extension 10°, lateral bending right 10°, and lateral bending left 10°; range of motion of the lower back is accompanied with pain in all movements. Straight leg raising in a seated position is negative. Neurological exam of the lower extremities documents decreased sensation to light touch on over the left medial ankle; motor strength 5/5 bilaterally; knee and ankle jerk to 2+ bilaterally. MRI of the lumbar spine dated 11/21/2013 demonstrates a new left paracentral disc extrusion resulting in impingement of the left L5 nerve root and displacement of the descending left S1 nerve root at L4/5 with bilateral foraminal narrowing. Diagnosis recurrent left L4/5 distribution with left sciatica. Previous treatment listed includes physical therapy, home exercise and medications to include: Tramadol, Vicodin, Ketoprofen and Motrin. A progress note dated 12/26/2013 documents at the injured worker presented to the emergency room with an increase in the left lower extremity pain. The request has been made L4, L5 discectomy. The non-certification dated 12/31/2013 was based on lack of physical examination findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4, L5 DISCECTOMY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12, 306

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postsurgical Treatment Guidelines: Low Back Disorders; Clinical Measures, Surgical Considerations (accessed electronically).

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM), practice guidelines recommend a discectomy in patients with radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after 4-6 weeks of time and fail conservative treatment. MRI of the lumbar spine demonstrates a new disc extrusion eccentric to the left resulting in the impingement of the left L5 nerve root. The injured worker continues to suffer from left lower extremity pain which has resulted in at least one emergency room visit. The injured worker has signs and symptoms consistent with lumbar radiculopathy; therefore based on the records now presented for review a lumbar discectomy at L4/5 is appropriate and considered medically necessary.