

<b>Case Number:</b>	CM14-0009754		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/30/2001
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 52 year old female who initially sustained an injury on 03/30/01 when she twisted her low back causing pain. The injured worker has been followed for an extended period of time for chronic low back pain radiating to the lower extremities bilaterally. Conservative treatment has included physical therapy, acupuncture treatment, chiropractic sessions, and multiple epidural steroid injections. Medications have included the use of muscle relaxers and narcotic analgesics. With epidural steroid injections, the injured worker did report temporary relief only. MRI studies of the lumbar spine completed on 01/02/14 noted disc desiccation with a 4.4mm right posterolateral disc bulge narrowing the right lateral recess with severe right foraminal stenosis. Electrodiagnostic studies that were completed on 12/17/13 noted no clear evidence for lumbar radiculopathy; however, prior to the study, the physical examination did note moderate weakness to the left at the extensor hallucis longus and tibialis anterior. The injured worker was seen for an orthopedic consult on 12/20/13. On physical examination, straight leg raise was found negative. Reflexes were 1-2+ and symmetric and there was no evidence of motor weakness. Recommendations at this visit were for a right L4-5 microdiscectomy. Follow up on 01/08/14 noted persistent low back pain with bilateral tingling in the lower extremities. Physical examination noted mild weakness at the left extensor hallucis longus and on plantar flexion. There was decreased sensation over the lateral and plantar aspect of the left foot. Decreased sensation was also noted at the lateral and medial foot to the right. Reflexes were slightly reduced at the left ankle. The requested right L4-5 lumbar microdiscectomy with an assistant surgeon was denied by utilization review on 01/18/14. An additional follow up on 01/31/14 noted numbness in the right foot with reflexes 1-2+ in the lower extremities bilaterally. Straight leg raise signs were still negative.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RIGHT LUMBAR FOUR TO LUMBAR FIVE MICRODISCECTOMY, ONE ASSISTANT SURGEON:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, PAGE 305

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** In regards to the requested right L4-5 lumbar microdiscectomy with 1 assistant surgeon, reviewer this procedure is medically necessary based on review of the clinical documentation submitted as well as current evidence based Low Back Complaints ACOEM Guidelines. The injured worker has presented with persistent complaints of low back pain radiating to the lower extremities. Although the injured worker's physical examination findings have varied from visit to visit, the most recent evaluations did show persistent numbness in the right foot consistent with an L5 radiculopathy. The injured worker's physical examination findings did note a severe amount of right foraminal stenosis at L4-5. This was due to a combination of degenerative disc changes as well as disc bulging and facet arthropathy. The injured worker has completed a reasonable course of conservative treatment. Recent epidural steroid injections had been completed with temporary relief only. The injured worker has only had minor improvements with physical therapy, chiropractic treatment, acupuncture, or medications. A further conservative treatment would not likely improve the injured worker's overall clinical symptoms. There is sufficient evidence to support a right L5 radiculopathy based on physical examination and imaging. Although electrodiagnostic studies were noted to be negative, there are known rates of false negatives for EMG. Given the failure of conservative treatment and the injured worker's presentation on physical examination as well as imaging this request is medically necessary. As the surgical request is medically appropriate, an assistant surgeon is medically necessary due to the complexity of the procedures.