

<b>Case Number:</b>	CM14-0100006		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/29/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 61-year-old male who reported an injury on 04/29/2006. The mechanism of injury was not stated. The current diagnosis is lumbar disc herniation. The injured worker was evaluated on 06/12/2014. The injured worker reported ongoing left lower extremity pain. Physical examination was not provided on that date. Previous conservative treatment includes physical therapy, multiple injections, and medication. Treatment recommendations included a left sided L5-S1 discectomy. A previous physical examination was documented on 05/29/2014 where the injured worker demonstrated weakness in the right deltoid and absent reflex in the left Achilles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal surgery L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity

limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. There were no imaging studies provided for this review. The specific type of surgery was not listed in the request. Based on the clinical information received, the request is not medically necessary.