

<b>Case Number:</b>	CM14-0013964		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 California. 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:

This is a 43-year-old female patient with a 2/24/11 date of injury. 11/5/13 progress report indicates constant, severe low back pain radiating down the right lower extremities, associated with tingling. Physical exam demonstrates guarded lumbar range of motion with diffuse tenderness in the lower back. Straight leg raise test is positive bilaterally there is there is decreased sensation in the right anterior thigh, lateral leg and dorsal foot. Motor testing was unremarkable, but narrative summary states that strength is limited secondary to pain. 3/26/12 lumbar MRI demonstrates, at L4-5, a 4 mm central disk protrusion - no neural foraminal narrowing is visualized; and, at L5-S1, a 4-mm disk protrusion with mild bilateral neural foraminal narrowing. 4/5/12 electrodiagnostic testing demonstrates right chronic active L4-5 radiculopathy with evidence of denervation at the L4-5 nerve root. Treatment to date has included medication, physical therapy, activity modification, and use of a cane. There is documentation of a previous 1/15/14 adverse determination for lack of clear clinical radiculopathy on physical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POSTERIOR DECOMPRESSION DISCECTOMY AT L4-L5 AND L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter) Lumbar Decompression.

**Decision rationale:** CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. However, the imaging report is negative for nerve root compromise at L4-5. At L5-S1, there is only mild bilateral neural foraminal narrowing. Therefore, the request for posterior decompression discectomy at L4-L5 and L5-S1 was not medically necessary.