

<b>Case Number:</b>	CM14-0014825		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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:

The injured worker is a 57-year-old female who reported injury on 08/21/2013. The mechanism of injury was the injured worker was helping her boss take some material off the wall of a classroom, she squatted down to grab a heavy bookshelf and attempted to move it twice. On the second time, the injured worker felt like something moved up in her spine and subsequently had severe pain and could not walk afterwards. The injured worker underwent an MRI on 10/30/2013 which revealed there was mild to moderate circumferential spinal stenosis at L4-5; there was mild bilateral axillary recess and neural foraminal stenosis at this level. There was a broad-based disc bulge at L5-S1 causing moderate left axillary recess stenosis that encroached on the S1 nerve root. There was mild bilateral neural foraminal stenosis at this level. There was a Tarlov cyst on the left posterior to the S1 vertebral body displacing the left S2 nerve root. There were fairly pronounced facet degenerative changes on the left at L5-S1 and moderate facet degenerative changes at L4-5. The retroperitoneal structures were unremarkable. The treatments included medications and physical therapy. The examination of 01/14/2014 revealed the injured worker had decreased range of motion and could not walk on her tiptoe and heels. The straight leg raise was positive on the left side at about 45 degrees. The sensory examination revealed diminished pinprick in the medial and lateral dorsum of the foot. Muscle strength was 4/5 in the left tibialis anterior, extensor hallucis longus, and gastrocnemius. The diagnosis included severe left-sided lumbar radiculopathy that was intractable to conservative management since 08/2013. It was indicated the injured worker's pain was intractable to conservative management. The treatment plan included a left L4-5 and L5-S1 minimally invasive lateral recess decompression and foraminotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT L4-L5 AND L5-S1 MINIMALLY INVASIVE LATERAL RECESS DECOMPRESSION AND FORAMINOTOMY PROCEDURE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 205-307.

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultations are appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging (radiculopathy), activity limitation due to radiating leg pain for more than 1 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 a failure of conservative treatment. The clinical documentation submitted for review indicated the injured worker had findings at the level of L5 and S1 on the MRI. However, the MRI indicated the injured worker had a broad-based disc bulge at L4-5 that produced mild to moderate circumferential spinal stenosis and there was a lack of documentation indicating nerve root impingement. The injured worker had findings of nerve root impingement at S1. There was documentation the injured worker had a failure of conservative treatment and had objective findings upon physical examination. However, there was no documentation indicating the injured worker underwent electrodiagnostic studies and had positive findings of electrodiagnostic studies to support the necessity for a decompression foraminotomy. There was a lack of documentation of activity limitations. Given the above, the request for left L4-5 and L5-S1 minimally invasive lateral recess decompression and foraminotomy procedure is not medically necessary.