

<b>Case Number:</b>	CM14-0115047		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Neurological 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 records, presented for review, indicate that this 28 year old male was reportedly injured on August 29, 2013. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated June 24, 2014, indicated that there were ongoing complaints of low back pain that radiated to the left lower extremity. The physical examination demonstrated decreased sensation at the left L5 dermatomal distribution and a positive left sided straight leg raise test. Diagnostic imaging studies of the lumbar spine showed an L4 to L5 disc degeneration and large disc extrusion exerting a mass effect on the traversing L5 and S1 nerve roots. Nerve conduction studies also showed a left sided L4, L5, and S1 radiculopathy. Previous treatment included physical therapy, chiropractic care, acupuncture, and oral medications. A request was made for a left sided bilateral laminectomy and microdiscectomy at L4 to L5 and was not certified in the preauthorization process on July 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Bilateral Laminectomy L4-L5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support a lumbar laminectomy/ discectomy for the treatment of subacute and chronic radiculopathy, due to ongoing nerve root compression and for those patients who continue to have significant pain and functional limitation after six weeks of conservative treatment. Review of the available medical records indicates that the injured employee complains of low back pain with left lower extremity symptoms. An MRI of the lumbar spine revealed a disc extrusion at L4 to L5 affecting the L5 and S1 nerve roots, and there is a corroborating lower extremity nerve conduction study also showing a radiculopathy at L4, L5, and S1. Finally physical examination does show decreased sensation at the left L5 dermatome. Considering this corroborating evidence, this request for a left sided bilateral laminectomy at L4 to L5 is medically necessary.

**Left Microdiscectomy L4-L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) practice guidelines support a lumbar laminectomy/ discectomy for the treatment of subacute and chronic radiculopathy, due to ongoing nerve root compression and for those patients who continue to have significant pain and functional limitation after six weeks of conservative treatment. Review of the available medical records indicates that the injured employee complains of low back pain with left lower extremity symptoms. An MRI of the lumbar spine reveals a disc extrusion at L4 to L5 affecting the L5 and S1 nerve roots, and there is a corroborating lower extremity nerve conduction study also showing a radiculopathy at L4, L5, and S1. Finally, physical examination did show decreased sensation at the left L5 dermatome. Considering this corroborating evidence, this request for a microdiscectomy at the left L4 to L5 level is medically necessary.