MAXIMUS Federal Services

| Case Number: | CM14-0116772 | | |
|---|---|---|---|
| Date Assigned: | 08/06/2014 | Date of Injury: | 04/01/2010 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

## 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 46-year-old male was reportedly injured on April 1, 2010. The mechanism of injury not listed in these records reviewed. The most recent progress note, dated March 19, 2014, indicates that there are ongoing complaints of low back pain radiating to the low left lower extremity. The physical examination demonstrated decreased lumbar spine range of motion and a positive left-sided straight leg raise test. Diagnostic imaging studies of the lumbar spine indicate decreased disk height at L2-L3 and L4-L5. There was a disc protrusion at L4-L5. Previous treatment is unknown. A request had been made for a micro-discectomy of L4-L5, preoperative medical clearance, and a postoperative lumbar support brace and was not certified in the pre-authorization process on July 15, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MICRODISCECTOMY OF L4-5 ON THE LEFT TO BE PERFORMED AT [redacted]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK, LUMBAR AND THORACIC (ACUTE AND CHRONIC ).

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

**Decision rationale:** The ACOEM practice guidelines support a lumbar laminectomy/discectomy for the treatment of sub-acute and chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. A review of the attached medical record does not indicate the presence of a radiculopathy or nerve root compression. Considering this, the request for a micro-discectomy at L4-L5 is not medically necessary.

**1 PRE-OP MEDICAL CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 POST OP LUMBAR BRACE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.