

<b>Case Number:</b>	CM14-0137530		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 General 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 30 year old female who sustained an injury on 11/1/10. Her left 2nd toe, ankle and low back were affected. She has had left ankle surgery x 2 and also left knee surgery. In so far as the back is concerned, she has had chiropractic, physical therapy, and an epidural steroid injection. She complained of constant low back pain with bilateral lower extremity radiation, paresthesia to both thighs. Straight leg raising was negative both supine and sitting. Lumbar spine MRI showed minimal degeneration changes at L3-4, no disc space narrowing at L5-S1, and no translational instability on flexion. Electrodiagnostic studies in 2011 were reportedly within normal limits. An AME has diagnosed the patient as chronic lumbar strain. The request was for bilateral L5-S1 laminar foraminotomy and microdiscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Bilateral L5-S1 Laminar Foraminotomy and Microdiscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Low Back-Laminectomy/Discectomy

**Decision rationale:** Neither Objective findings, electrodiagnostic studies, nor MRI findings has suggested a problem that requires surgery. At this point the patient continues to carry a diagnosis of low back strain and medical necessity for an invasive procedure has not been established.

Required symptoms/findings; imaging studies; & conservative treatments

below: "Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present (EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

A. Nerve root compression (L3, L4, or L5)

B. Lateral disc rupture

C. Lateral recess stenosis"