

<b>Case Number:</b>	CM14-0152014		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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 26-year-old male who reported an injury on 10/22/2013. The mechanism of injury involved heavy lifting. The current diagnosis is herniated disc at L5-S1. The injured worker was evaluated on 06/30/2014 with complaints of persistent lower back pain. Previous conservative treatment is noted to include medications, physical therapy, injections, and rest. Physical examination revealed moderately decreased lumbar range of motion, normal motor strength in the bilateral lower extremities, decreased sensation in the right lower extremity, positive straight leg raising on the right, and a normal gait. Treatment recommendations included a right L5-S1 laminectomy and discectomy. A Request for Authorization form was then submitted on 07/18/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 01/18/2014, which indicated a right paracentral disc extrusion at L5-S1 with compression on the right S1 nerve root and mild neural foraminal compression on the L5 nerve roots.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 Laminotomy and Discectomy for the lower back to be done at** [REDACTED]

[REDACTED]: Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy upon examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, the injured worker does present with symptoms of radiculopathy. There is documentation of an exhaustion of conservative treatment to include medications, physical therapy, injections, and rest. However, the injured worker was previously issued authorization for a right L5-S1 microdiscectomy in 06/2014. Therefore, the medical necessity for the requested procedure has not been established. As such, the request is not medically appropriate at this time.