

<b>Case Number:</b>	CM14-0157437		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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 patient is a 26 year old female who was injured on 12/03/2012 when she fell on her buttocks and low back. Prior treatment history has included Nortriptyline 10 mg, Sumatriptan, Zolpidem 10 mg, methocarbamol, oxycodone 5/325 mg. She also had bilateral L4-S1 epidural steroid injection and acupuncture therapy which provided some relief. CT of the lumbar spine dated 07/03/2014 revealed mild left foraminal stenosis at L5-S1 based on left paracentral disk protrusion, and left-sided disc protrusions at T10-T11 flattening the left ventral aspect. MRI of the lumbar spine dated 05/05/2014 revealed a 3 to 4 mm right paracentral protrusion at L5-S1 and at L4-5, there is a 3 mm extrusion at the right paramedian ventral thecal sac without displacement of the intra-thecal course of the right L5 nerve root. Neurology report dated 07/30/2014 documented the patient to have complaints of low back pain. On exam, tenderness to palpation of the lumbar spine bilaterally and revealed flexion at 43/60; extension 16/25; right lateral flexion at 15/25 and left lateral flexion at 20/25. The patient is diagnosed with lumbar radiculitis and L4-5 (3mm) and L5-S1 (3-4) disc protrusions. He is recommended for a microdiscectomy of the left lumbar spine at L4-L5 and L5-S1 as well as pre-operative clearance. Prior utilization review dated 09/02/2014 states the request for Left lumbar L4-L5 and L5-S1 microdiscectomy; Pre-op clearance; Post-op physical therapy two (2) times a week for six (6) weeks is not certified as the patient has not been cleared for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar L4-L5 and L5-S1 microdiscectomy:** 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 Chapter, Discectomy/Laminectomy/Laminotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy

**Decision rationale:** The ODG recommends Discectomy/ Laminotomy for selected patients with radiculopathy due to lumbar disc prolapse. The medical records on neuro re-evaluation dated July 30, 2014 document the patient to have positive straight leg raise (SLR), however, no documented muscle weakness or atrophy or any other signs of radiculopathy. Even though, CT scan of the lumbar spine dated July 3, 2014 show mild foraminal stenosis at the left L5-S1, there were no physical exam findings correlating with this. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**[REDACTED] : Pre-op clearance: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, preoperative testing

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

**[REDACTED] : Post-op physical therapy two (2) times a week for six (6) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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