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| <b>Case Number:</b>   | CM14-0178625 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 05/29/2002 |
| <b>Decision Date:</b> | 12/08/2014   | <b>UR Denial Date:</b>       | 10/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/28/2014 |

### 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 Surgeon 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 injured worker is a 73-year-old male who reported an injury on 05/29/2002. The injured worker was reportedly tying a bundle to the rear of a truck when he injured his lower back. The current diagnoses include disc protrusion in the lumbar spine. The injured worker was evaluated on 09/16/2014. It is noted that the injured worker is status post a hemilaminectomy at L4-5 on an unknown date. Physical examination was not provided on that date. Treatment recommendations at that time included an L2-3 and L3-4 discectomy. It is noted that the injured worker has been previously treated with epidural steroid injection, and medication management. A Request for Authorization form was then submitted on 10/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 lumbar spine discectomy at the L2-3, L3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306, 310.

**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:** 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. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, there is no objective evidence of radiculopathy. There were no imaging studies or electrodiagnostic reports submitted for this review. There is no mention of an exhaustion of conservative treatment. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate at this time.