

<b>Case Number:</b>	CM14-0181853		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 47-year-old male who reported an injury on 06/03/2012. The mechanism of injury was not stated. The current diagnoses include lumbar pain, lumbar disc herniation at L4-5, left lumbar radiculopathy, cervical sprain/strain, and carpal tunnel syndrome. The injured worker presented on 10/13/2014 with complaints of ongoing neck pain, tingling in the upper extremities, and low back pain. Previous conservative treatment includes medication management, lumbar epidural steroid injections, and physical therapy. The current medication regimen includes Soma 350 mg, Norco 7.5/325 mg, and Zantac. Physical examination revealed tenderness at the midline lumbar spine and left SI joint, full range of motion of the lumbar spine, negative straight leg raising, and decreased sensation to pinprick at the L4 distribution on the left, and diminished patellar tendon reflexes in the left lower extremity. Treatment recommendations at that time included a left L4-5 microdiscectomy. A Request for Authorization form was then submitted on 10/14/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 07/18/2014 which revealed a mild disc bulge at L4-5 with bilateral neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rush Left L4-L5 Microdiscectomy/ Foraminotomy:** Upheld

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

**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 may be indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiological evidence of a lesion; and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy, 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, the injured worker has been treated with epidural steroid injection, physical therapy, and medication management. However, there is no documentation of a positive straight leg raising test or crossed straight leg raising test. There is also no documentation of motor weakness in a specific dermatomal distribution. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate at this time.