

<b>Case Number:</b>	CM14-0023174		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 43-year-old female with a date of injury of February 7, 2013. She continues to have low back pain extending to the left foot. Physical examination she has pain to tenderness to palpation of the lower back muscles. Straight leg raise is positive on the left leg. MRI from March 2013 shows loss of disc signal at L4-5 with a 6 mm disc protrusion. There is mild to moderate canal stenosis. At issue is whether L4-5 discectomy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR DISCECTOMY L4-L5 OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: pages 305-322.

**Decision rationale:** This patient does not meet established criteria for lumbar discectomy at this time. Specifically, the medical records do not clearly documented physical examination that demonstrates specific lumbar radiculopathy. There is no clear radiculopathy documented on physical examination clearly correlates with lumbar imaging studies. More information is

needed to justify the need for lumbar decompression at this time. The medical records do not support appropriate guidelines for lumbar decompressive surgery and discectomy at this time. The request is not medically necessary and appropriate.