

<b>Case Number:</b>	CM14-0024729		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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:

This is a 32 year old claimant with reported industrial injury on 10/27/11, with a complaint of low back pain. The exam note on 1/31/14 demonstrates report of stiffness and weakness. The examination demonstrates decreased range of motion which was painful. The report is made of positive straight leg raise testing. There was no formal report of the MRI lumbar spine obtained on 9/26/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT L5-S1 MICRODISCECTOMY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, discectomy/laminectomy.

**Decision rationale:** The California MTUS ACOEM Low back complaints, page 308-310, recommend surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for

correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. In addition the MRI report from 9/26/13, it does not have a formal report in the records. Therefore the guideline criteria have not been met. The left L5-S1 microdiscectomy is not medically necessary.