

<b>Case Number:</b>	CM14-0025347		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Surgery, has a subspecialty in 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 injured worker complains of low back and right leg pain. The pain started when the injured worker pushed a 700 pound object at work. On physical examination the injured worker is neurologically normal with normal motor sensory reflex function the bilateral lower extremities. MRI the lumbar spine from August 2013 shows herniated disc L4-5 at the right side. Conservative management has included physical therapy, medications, and epidural steroid injection without resolution of his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L4-5 MICRODISCECTOMY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The patient complains of low back and right leg pain. The pain started at the patient pushed a 700 pound object at work. On physical examination the patient is neurologically normal with normal motor sensory reflex function the bilateral lower extremities. MRI the lumbar spine from August 2013 shows herniated disc L4-5 at the right side. Conservative management has included physical therapy, medications, and epidural steroid injection without resolution of his pain.

**Decision rationale:** This patient does not meet establish criteria for lumbar decompressive surgery. Specifically, the patient does not have a neurologic deficit on physical examinations that clearly correlate with specific compression of the nerve root on MRI imaging studies. The patient's neurologic examination is documented as being normal. Right L4-5 microdiscectomy is not medically necessary.