

Case Number:	CM14-0028753		
Date Assigned:	06/18/2014	Date of Injury:	01/28/2013
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 Texas. 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 34-year-old male with a date of injury of 01/28/13. The injured worker is reported to have been lifting a table when he tripped over a pallet. An electrodiagnostic study performed on 5/16/13 revealed normal findings with no evidence of radiculopathy in the lower extremities. A progress note dated 11/19/13 reported the injured worker was status post hip arthroscopy with labral debridement and femoral neck resection on the left. He underwent a lumbar epidural steroid injection at L5-S1 on the left on 11/19/13. An MRI of the lumbar spine completed on 11/21/13 revealed findings of 4 mm broad-based disc protrusion at L4-5 indenting the anterior aspect of the thecal sac with encroachment into the left neural foramen with mild narrowing. At L5-S1, he was noted to have a 4 to 5 mm central disc protrusion with contact of the anterior aspect of the thecal sac and mild narrowing of the bilateral neural foramen. A progress report dated 11/26/13 reported he continued to have low back pain radiating to the bilateral lower extremities. On examination, the patient had antalgic gait, 25% of range of motion, 4/5 bilateral extensor hallucis longus strength, diminished sensation throughout the left lower extremity, positive bilateral straight leg raise, and depressed left patellar reflex. It was noted the patient had failed conservative care including medications, physical therapy, activity modification, and epidural injections. The injured worker was recommended for surgical decompression at L4-5 and L5-S1. The record contains a utilization review determination dated 02/20/14 in which the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR LAMINOTOMY MICRODISCECTOMY AT L5-S1 AND DECOMPRESSION
LUMBAR LAMINECTOMY AT L4-5 WITH 3 DAY INPATIENT: Overturned**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy.

Decision rationale: The request for lumbar laminotomy microdiscectomy L5/S1 and decompression lumbar laminectomy at L4/5 with 3-day inpatient stay is medically necessary. The submitted clinical records indicate that the injured worker has failed appropriate conservative management and is a candidate for the requested surgery. There is clear correlation between imaging and objective findings. There are objective findings of radiculopathy on examination despite a negative EMG/NCV study. Based on objective findings and American College of Occupational and Environmental Medicine/ Official Disability Guidelines the injured worker is a candidate for surgical intervention and medical necessity has been established. Therefore, this request is medically necessary.