

<b>Case Number:</b>	CM14-0029014		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 has a date of injury of August 1, 2013. The patient complains of chronic back pain that radiates to the left leg. The patient was taken Motrin without any benefit. On physical examination his tenderness palpation of the sciatic notch. Straight leg raising test is positive at 45. Deep tendon reflexes are 1+ at the knees and ankles. He was decreased sensation of the left L4 and L5 dermatomes. EMG of the lower extremities from October 2013 demonstrates bilateral L4-5 radiculopathy. MRI lumbar spine from September 2013 show central disc protrusions at L3-4 L4-5 and L5-S1. There is moderate canal stenosis at L4-5. At issue is whether L4-5 left hemilaminotomy discectomy medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT L4-L5 HEMILAMINOTOMY AND DISCECTOMY: Upheld**

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

**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: page 307-322.

**Decision rationale:** Left L4-5 hemilaminotomy and discectomy is not medically necessary. There is not clear correlation between the patient's physical exam and the MRI. MRI shows 2 levels of spinal stenosis L3-4 and L4-5. Physical examination documents multiple nerve root involvement. EMG also documents multiple nerve root involvement. It is unclear how left hemilaminotomy discectomy which will only decompress the left L5 nerve root would be effective in alleviating this patient's condition. Surgical plan does not correlate with the patient's physical examination and MRI imaging studies. Guidelines for left L4-5 hemilaminotomy discectomy are not met.