

<b>Case Number:</b>	CM14-0033199		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Neurological 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:

The injured worker is a 37 year old female police officer who reportedly was injured while lifting weights at the police gym on 02/28/12. She complains of low back pain radiating to the right lower extremity. She has been treated conservatively with medications (Norco, Flexeril, Cymbalta); physical therapy; and epidural steroid injections without resolution of symptoms. An MRI dated 05/04/12 showed a right paracentral focal disc protrusion at L5-S1 with mass effect on the right S1 nerve root. A Repeat MRI on 08/27/13 showed diminished size of the right paracentral disc herniation, with larger left paracentral herniation or extradural mass at T11. The injured worker was seen most recently with complaints of low back pain and persistent right leg pain with increased numbness. A physical examination revealed positive straight leg raise on the right, and surgical intervention was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar foraminotomy and discectomy L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-306.

**Decision rationale:** Per ACOEM, surgical decompression may be indicated for patients with severe lower leg symptoms in a distribution consistent with abnormalities on imaging studies; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and failure of conservative treatment to resolve radicular symptoms. In this case, the most recent diagnostic imaging studies showed objective evidence of right sided disc protrusion at L5-S1 with minimal mass effect upon the exiting nerve root. And an EMG study on 05/12/14 with evidence of a right S1 radiculopathy. Physical examination on 05/29/14 revealed right sciatic nerve stretch test reproduced right leg pain at 75 degrees; deep tendon reflexes were 1+ at the knees and left ankle with right ankle trace; decreased sensation in the right L5 and S1 dermatome. The injured worker has failed to respond to conservative care including physical therapy, medications and epidural steroid injections. Based on the clinical information provided, the injured worker does meet criteria for surgical intervention and the request for right lumbar foraminotomy and discectomy L5-S1 is as medically necessary.