

<b>Case Number:</b>	CM14-0038435		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 60-year-old who reported an injury on December 7, 2012. The mechanism of injury was the injured worker slipped while he was trying to pull merchandise from a heavy pallet. The injured worker underwent an MRI of the lumbar spine on 05/28/2013 which revealed at the level of L4-5, there was a 4 mm broad-based disc bulge mildly eccentric to the left of midline and mild bilateral facet joint hypertrophy. There was moderate bilateral ligamentum flavum hypertrophy resulting in mild to moderate central canal stenosis. There was mild bilateral foraminal stenosis. There was a marked mass effect of the exiting L5 nerve root. The injured worker had been treated by physical therapy and an epidural steroid injection. The documentation of January 29, 2014 revealed the injured worker had low back pain referred into the buttocks bilaterally. The injured worker indicated there was a feeling of weakness with prolonged standing or walking. The physical examination revealed the injured worker had mild tenderness of the lumbosacral junction. The injured worker had a mild restriction of lumbar range movement with forward bending, a straight leg raise that was mildly positive bilaterally at 90 degrees and mild numbness at the dorsal lateral aspect of the bilateral feet and calves. The injured worker had reflexes that were symmetrical and had no frank motor deficits per the physician documentation. The diagnosis included L4-5 herniated nucleus pulposus and lumbar stenosis with neurogenic claudication. It was indicated that the injured worker's back pain that was referred into his hips and buttocks was aggravated by standing and was somewhat relieved by sitting. The physician documented that the injured worker had concluded non-surgical intervention. The treatment plan included lumbar decompression with microdiscectomy at L4-5 and foraminotomies at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Decompression with Microdisectomy and Foraminotomies at L4-L5.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines indicate that surgical consultations may be appropriate for injured workers who have documentation of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations to the radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had a feeling of weakness with prolonged standing or walking that. The injured worker had low back pain referred into the buttocks bilaterally that was relieved by sitting. There was documentation of a decreased range of motion and mild numbness at the dorsolateral aspect of the bilateral feet and calves. There were no motor deficits and reflexes were symmetrical. The straight leg raise was mildly positive. The injured worker had objective findings upon MRI. There were no electrodiagnostic studies presented for review. Given the above, the request for lumbar decompression with microdisectomy and foraminotomies at L4-5 is not medically necessary or appropriate.

**Two (2) day Inpatient Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.