

<b>Case Number:</b>	CM14-0039346		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

31-year-old injured worker with reported industrial injury of April 4, 2012. Exam note February 24, 2014 demonstrates ongoing low back and left leg complaints. There is a note demonstrating increasing pain with limitations in activities. It is reported the claimant has been treated with physical therapy and chiropractic care with slight relief of pain. There are complaints of low back and left leg pain. Examination demonstrates an antalgic K towards left side. Tenderness is noted over the lumbar muscles L5-S1 spinous processes and sacroiliac joints. Hypersensitivity is noted on the S1 dermatome on the left. 4-5 strength of the left hamstring and 4+5 strength in the left tibialis anterior and extensor Hallucis longus is noted. Straight leg raise testing on the left side causes pain in the calf at 45. MRI lumbar spine demonstrates mild multifactorial central stenosis at L3-4 and L4-5. There is a moderate diffuse bulge and superimposed broad-based central and left paracentral protrusion effacing the S1 nerve root at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Microlumbar discectomy on left L5-S1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary last updated 02/13/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy/Laminectomy

**Decision rationale:** CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note from 2/24/14 demonstrates clear lumbar radiculopathy with failed nonsurgical management. In addition the MRI report from 9/26/13 does demonstrate compression correlating with examination from 2/24/14. Therefore the Microlumbar discectomy on left L5-S1 is medically necessary.