

<b>Case Number:</b>	CM14-0040989		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/28/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 chronic low back pain radiating to the left leg. The patient also has left foot numbness. Physical examination shows tenderness to lumbar palpation, decreased lumbar range of motion, decreased sensation in L4, L5, and S1 dermatomes on left. The patient had previous spine decompressive surgery. The patient had 15 sessions of chiropractic care, and physical therapy with some improvement. An MRI shows scar tissue and possible small retained disk fragment at 5-s1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision Microlaminectomy and Discectomy at Left L5-S1 to be performed by [REDACTED] as an OP procedure at [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-204. Decision based on Non-MTUS Citation Official Disability Guidelines ([http://www.odg-twc.com/odgtwc/Low\\_Back.htm](http://www.odg-twc.com/odgtwc/Low_Back.htm)).

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

**Decision rationale:** The patient does not meet established criteria for lumbar decompressive surgery. The physical exam does not document specific radiculopathy the clearly correlates with

nerve compression on MRI imaging. There is no progressive neuro deficit noted. As the ACOEM Guidelines' criteria for lumbar decompression surgery was not met, the request is not medically necessary and appropriate.

**Post-op Chiropractic/physiotherapy sessions x12 for low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: MTUS Low Back chapter.

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