

<b>Case Number:</b>	CM14-0066549		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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, has a subspecialty in Spinal 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 58-year-old male claimant with an industrial injury dated 08/10/08. The exam noted 03/19/14 states the patient has a chief complaint of low back and left leg pain. Current medications include Norco 5/325mg two to three times per day, Naproxen, and Terocin cream. VAS is noted at 6-7/10, the range of motion has decreased along with decreased sensation. The patient reports worsening low back and left leg pain while on Norco. The patient had a straight leg raise of 40 degrees on the left and it is noted that the quadriceps and hamstrings were 5-/5. Tibialis anterior, EHL, inversion, and eversion are noted to be 4+/5 on the left. The slump test and Lasegue were both positive. The patient was diagnosed with lumbar radiculopathy and multilevel disc herniations that most prominent at L3-4. In addition, the patient has moderate to severe neural foraminal narrowing and facet arthropathy at L4-5. Treatment plan included a continuation of medications and microlumbar decompressive surgery of the left L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines -Treatment for worker's compensations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Opioids for chronic pain, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records from 3/19/14, evidence is insufficient to support chronic use of narcotics. The patient continues to have high pain levels and is not working despite narcotics. The patient has been on chronic opioids without functional improvement. Therefore, Hydrocodone/APAP 5/325mg #120 is not medically necessary.

**Microlumbar Decompressive Surgery On The Lt L3-L4 And L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305,306. Decision based on Non-MTUS Citation official disability guidelines :low back -lumbar &thoracic (acute &chronic) chapter.

**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 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. The exam note from 3/19/14 does not document progressive symptoms or a clear lumbar radiculopathy. In addition, there is no recent MRI imaging in the records of the lumbar spine to support surgical intervention. Therefore, the guideline criteria have not been met and microlumbar decompressive surgery on the left L3-L4 and L4-L5 is not medically necessary.