

<b>Case Number:</b>	CM14-0073474		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Physical Medicine and Rehabilitation, 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 30 year old male who had a work related injury on 04/27/13. He injured his lower back while moving a heavy oven on 04/27/13 and immediately developed the onset of right sided pain in his arm and leg. Since that time he has had low back pain with radiation to the right lower extremity and diffused numbness and paresthesia of the right leg, foot, and toes. The injured worker had an electromyogram on 12/12/13 which revealed no evidence of an active conduction defect or denervation of the right lower extremity. No evidence of active entrapment neuropathy, peripheral polyneuropathy, or lumbosacral radiculopathy. Magnetic resonance imaging scan in June of 2013 revealed a small central disc protrusion at L5-S1 level with facet joint hypertrophic changes at L5-S1 level. The injured worker has had physical therapy, acupuncture, epidural steroid injections. The most recent clinical record submitted for review is dated 04/30/14. The injured worker is back in for follow up of his back and leg pain. The injured worker saw a neurosurgeon a week ago who recommended that he have surgical intervention for the lumbar spine injury. The injured worker has received extensive conservative treatment and currently he does not want to consider any further treatment including surgical intervention and has very mild discomfort over the neck and the upper back overlying the right trapezius muscle. There is no radiation of numbness or tingling to the upper extremities and complains of right sided lumbar pain which radiates to the right leg and foot associated with numbness and tingling. Currently, he does not have any left sided symptoms, but he had experienced fluctuating radicular pain in either the left or the right lower extremity. The injured worker describes his pain as moderate which increases to moderately severe intensity, is constant and states that his back gives out on him frequently. Physical examination of the lumbar region he sits on his left buttock and limps on the left side. He describes pain overlying the right paraspinal which looks around the right leg to the right ankle. There was tenderness over the

right paraspinal soft tissue between level L2 and S1. There is tenderness over the right sciatic notch and the right greater trochanter. The gait reveals slight limp on the right side. Heel walking is painful and he is not able to squat properly and states that there is pain mid-way on squatting. Forward flexion at the trunk is 40 degrees and extension is 20 degrees. On extension, he reports the pain radiating to his right foot. The right straight leg raising test is positive in sitting and supine position on the right at 45 degrees and questionably positive on the left at 70 degrees. There is weakness in extension of the hallucis longus on the right side. There is a partial sensory deficit on the lateral aspect of the right leg and right foot. Deep tendon reflexes are equivocal. Diagnoses lumbar strain associated with an L5-S1 central disc herniation with left and right lower extremity radiculopathy. Prior utilization review dated 05/12/14 was non-certified. The current request is for a right lumbar L5-S1 hemilaminotomy with discectomy and foraminotomy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right lumbar L5-S1 hemilaminotomy with discectomy and foraminotomy.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lower Back Chapter: Discectomy/laminectomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Discectomy/ laminectomy

**Decision rationale:** The request for right lumbar L5-S1 hemilaminotomy with discectomy and foraminotomy is not medically necessary. The clinical documentation submitted for review does not support the request. Most recent office visit noted, that symptoms were changing, bilateral lower extremity symptoms. Prior utilization review had certified a updated magnetic resonance image, there is no documentation that it has been completed. Due to the lack of clinical information, medical necessity has not been established.