

<b>Case Number:</b>	CM14-0077207		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/13/1998
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Nevada. 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:

This is a 69-year-old office manager who sustained a back injury when she bent over to pick up a file on October 13, 1998. The records provided for review identify the current diagnosis of lumbar disc disorder. The office note dated May 1, 2014 documented that the claimant had complete relief of low back and left leg pain as a result of the 2011 lumbar surgery in 2011 but over the past twelve months noticed a progressive increase in low back and right leg pain. Examination revealed a right limp, straight leg raise was 70/85, knee and ankle jerk were 1+ on the right but +2 on the left. The report of the EMG (electromyography)/NCV (nerve conduction velocity) tests on April 30, 2014 suggested the possibility of L4-5 radiculopathy on both sides. The report of the MRI dated April 30, 2014 was a handwritten report which showed at the L2-3 level a 4-5 millimeter disc herniation to the right; at the L3-4 level, there was a broad-based disc herniation to the right of approximately 5-6 millimeters; and at the L4-5 level, there was a six millimeter disc herniation to the right. Conservative treatment to date has included anti-inflammatories and an epidural steroid injection in 2011. This request is for a decompressive microdiscectomy at L2-3, L3-4, and L4-5 as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompressive microdiscectomy L2-3, L3-4, L4-5, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 310.

**Decision rationale:** Based on the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, the request for Decompressive Microdiscectomy L2-3, L3-4, L4-5 outpatient is not recommended as medically necessary. The documentation presented for review fails to establish that the claimant has attempted, failed, and exhausted all traditional first line conservative treatment options prior to considering surgical intervention in the form of a three-level microdiscectomy as required by Low Back Complaints Chapter of the ACOEM Practice Guidelines. In addition, the documentation fails to establish that there are significant abnormal objective findings on exam suggesting that the claimant has significant radiculopathy at the three requested levels. Therefore, the request for a decompressive microdiscectomy L2-3, L3-4, L4-5, as an outpatient, is not medically necessary or appropriate.