

<b>Case Number:</b>	CM14-0081547		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

There is a 04/02/14 report of findings of x-rays lumbar spine. There was mild retrolisthesis of L3 on L4 with no abnormal motion on flexion/extension views. There is a posterior transpedicular fusion screws at L5-S1 with a disc cage. Report 03/25/14 indicates the insured was lifting calibration machine when twisted. The insured reported onset of pain in the back. Physical exam indicated sciatic notch tenderness, positive tenderness in the spine was 3/5, strength in the L4-L5 distribution. Sensation was intact. On the 04/24/14 evaluation indicated complaints of back pain. Physical exam indicated no weakness. The gait was abnormal. There was no Babinski's sign. There was weakness on the right dorsiflexion, right extensor hallucis longus in inversion. There was no numbness. Straight leg raise was negative and the insured was recommended for further study. There is an MRI done 04/11/14 of lumbar spine reported to show surgical changes at L4-L5 interbody fusion with large disc bulge at L3-L4 and medial meniscus coursing down caudal direction at the L4 vertebral body. The PR2 of 05/09/14 indicated persistent pain. The insured had been recommended for physical therapy. Exam indicated no spinous process tenderness. There was right lumbar paraspinal tenderness. There was no atrophy, no warmth. Strength was noted in the L4 tibialis anterior and dorsiflexors to be 3/5, L5 big toe extensor hallucis longus, peroneus and eversion was 3/5 which was consistent with weakness. Claimant was assessed as having lumbar disc herniation without myelopathy, lumbar radiculopathy and was referred to physical therapy to maximize functionality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar Laminectomy with Discectomy @ Right Side of L3-4: 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 Official Disability Guidelines (ODG) - back, discectomy  
ODG Indications for Surgery -- Discectomy/laminectomy (excluding fractures): Washington State has published guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots. (Washington, 2004) Their recommendations require the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention (but ODG does not agree

**Decision rationale:** The medical records support there is persistent neurologic deficit of weakness and sensory loss after previous surgery with imaging supporting post surgical changes. The medical records provided for review does not support that the insured has failed at least 6-8 weeks of conservative therapy consisting of PT, medications, and other modalities. The request is not medically necessary.