

<b>Case Number:</b>	CM14-0081615		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	08/25/2014	<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 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:

The records presented for review indicate that this 42-year-old male was reportedly injured on 9/11/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 6/10/2014 indicates that there are ongoing complaints of low back pain with radiating pain down the leg. The physical examination demonstrated lumbar spine: limited range of motion with pain, sciatic notch is positive, straight leg raise is positive. Deep tendon reflexes equal bilaterally decreased sensation to light touch in the L5 dermatome. Diagnostic imaging studies included an MRI of the lumbar spine performed on 3/27/2014, which revealed large disc protrusion at L4-L5, high-grade spinal stenosis, and high-grade bilateral neural foraminal exit zone compromise. Previous treatment included medications and conservative treatment. A request had been made for posterior lumbar laminectomy, discectomy at L4-L5 with possible fusion at L4-L5, and was not certified in the pre-authorization process on 5/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Posterior lumbar laminectomy and discectomy at L4-5 with possible fusion at L4-5:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** Lumbar discectomy is moderately recommended as an effective operation to speed recovery in patients with radiculopathy due to ongoing nerve root compression, who continue to have significant pain and functional limitation, after 4 to 6 weeks of time and appropriate conservative therapy. After review of the medical documentation provided, it was noted the injured worker underwent surgery on 12/3/2013. There was no need for additional surgery. Therefore, this request for posterior lumbar laminectomy and discectomy at L4-L5 with possible fusion at L4-5 is deemed not medically necessary.