

<b>Case Number:</b>	CM14-0082918		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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, 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 43-year-old female who reported an injury on 5/17/13. The mechanism of injury was not provided for review. The injured worker sustained an injury to her low back. The injured worker underwent an MRI on 12/16/13. Findings included a broad-based disc bulge at L4-5 displacing the exiting L5 nerve root. The injured worker was evaluated on 4/30/14. It was documented that the injured worker had physical findings to include decreased dorsiflexion of the left ankle and decreased great toe extension. The injured worker had decreased sensation in the L4-5 dermatomal distribution and decreased left-sided deep tendon reflexes and a slightly antalgic gait. It was noted that the injured worker had undergone an epidural steroid injection at the L4-5 that provided 70-80% relief. The injured worker's diagnoses included lumbar degenerative disc disease, low back pain, sciatica, and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One micro lumbar discectomy L4-L5 left between 5/1/2014 through 6/15/2014.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends decompression surgery for patients who have significant clinical examination findings of radicular symptoms correlative with nerve root pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has significant clinical exam findings of nerve root pathology both during physical evaluation and on the imaging study. Therefore, surgical intervention would be indicated in this clinical situation. As such, the request is medically necessary and appropriate.

**Preoperative medication: Ancef 1 mg prior to surgery.:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shaffer, W. O., Baisden, J. L., Fernand, R., & Matz, P. G. (2013). An evidence-based clinical guideline for antibiotic prophylaxis in spine surgery. *The Spine Journal*, 13(10), 1387-1392.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not address this issue. However, peer reviewed literature does support the use of prophylactic IV antibiotics prior to surgical intervention. The clinical documentation submitted for review does support that the injured worker is a surgical candidate. Therefore, this treatment would be appropriate. As such, the request is medically necessary and appropriate.