

<b>Case Number:</b>	CM14-0083573		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 51-year-old male who reported an injury on 03/26/2012. The mechanism of injury was not stated. The current diagnoses include lumbar strain, degenerative disc disease, disc protrusion, and facet arthropathy. The injured worker was evaluated on 05/14/2014 with complaints of persistent lower back pain radiating into the right lower extremity. Previous conservative treatment includes pain medication and epidural steroid injection. A surgical history includes a right shoulder surgery on an unknown date. Current medications are not listed. Physical examination on that date revealed painful and limited range of motion of the lumbar spine, 5/5 motor strength, intact sensation, 1+ patellar reflexes, absent Achilles reflexes, positive straight leg raising on the right, and tenderness to palpation of the lumbosacral mid-line. Treatment recommendations at that time included authorization for an L3-4 and L4-5 laminectomy and discectomy. It is noted that the injured worker underwent an MRI of the lumbar spine on 03/07/2014, which indicated moderate facet arthropathy with a 3 mm circumferential disc protrusion resulting in abutment of the descending nerve roots at L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laminectomy and Discectomy to the right L3-L4 and L4-L5 spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state, prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, the injured worker has been previously treated with pain medication and 4 lumbar epidural steroid injections. However, there is no mention of an attempt at drug therapy, activity modification, physical therapy, or manual therapy. The injured worker's physical examination on the requesting date also revealed intact sensation with 5/5 motor strength. There is no documentation of radiculopathy upon physical examination. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

**Pre-operative medical clearance with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is not medically necessary.

**Inpatient hospital admission, QTY: 2 days for the right L3-L4 and L4-L5 laminectomy and discectomy procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is not medically necessary.