

<b>Case Number:</b>	CM14-0084535		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/02/2002
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 California. 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 59 year old male who sustained injuries to his low back on 04/02/02. The mechanism of injury was not described. He is status post a left L4-5 microdiscectomy with apparent improvement. Per the most recent clinical note dated 07/25/14, the injured worker was pending lumbar epidural steroid injection. On physical examination he had positive straight leg raise on the left. The remainder of his physical examination was unremarkable. There was no evidence of motor strength weakness, sensory loss or loss of relevant reflexes. He is reported to have a recurrent left lateral disc herniation at L4-5. However, no imaging studies were submitted for review. Treatment to date included oral medications. It was unclear as to whether or not the injured worker had been referred for physical therapy. Per the most recent clinical note the injured worker was pending lumbar epidural steroid injection. Utilization review determination dated 05/30/14 non-certified the request for left L4-5 lumbar microdiscectomy revision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 micro lumbar discectomy revision:** Upheld

**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): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy.

**Decision rationale:** The submitted clinical records indicate that the injured worker sustained an injury to his low back on 04/02/02. He was status post left L4-5 microdiscectomy. Imaging studies reportedly showed left lateralizing recurrent disc herniation at L4-5. However, no imaging studies were submitted for review. Additionally, serial physical examinations show no evidence of neurological compromise in that the injured worker has intact motor strength, normal sensation, and intact reflexes. It is unclear as to whether or not the injured worker has failed conservative management. As of 07/25/14, he is reported to be pending lumbar epidural steroid injection. As such, the injured worker would not meet criteria per American College of Occupational and Environmental Medicine or Official Disability Guidelines for the requested procedure. The request for Left L4-L5 micro lumbar discectomy revision is not supported as medically necessary.