

<b>Case Number:</b>	CM14-0093414		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 46-year-old male who reported an injury on 03/11/2013. The mechanism of injury was not stated. Current diagnosis is large disc herniation at L5-S1. The injured worker was evaluated on 05/14/2014 with complaints of ongoing low back pain. A physical examination revealed limited lumbar range of motion, positive straight leg raising bilaterally, normal motor strength, and intact sensation. It is noted that the injured worker has been previously treated with physical therapy and a lumbar epidural steroid injection. Treatment recommendations included a lumbar microdiscectomy at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Surgery - Spinal Microdiscectomy at L5-S1, Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-306.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Dicectomy/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 electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy, there should be evidence of radiculopathy upon physical examination. The imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. A conservative treatment should include activity modification, drug therapy, and epidural steroid injection. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. There were also no imaging studies provided for this review. As such, the request is not medically necessary.