

<b>Case Number:</b>	CM14-0188007		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Spine 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 39-year-old male who reported an injury on 04/22/2013. The diagnosis included lumbar herniated disc. The mechanism of injury was not provided. The injured worker's medications included topical medications. Other therapies were not provided. The diagnostic studies included x-rays of the lumbar spine AP and lateral, which revealed spondylotic changes in the lower lumbar spine. There was no discrete evidence of fracture or misalignment. The injured worker underwent a CT scan of the lumbar spine on 08/20/2014 which revealed at L5-S1, there was a 4 mm central disc protrusion effacing the ventral surface of the thecal sac without evidence of canal stenosis or neural foraminal narrowing. The injured worker underwent an MRI of the lumbar spine on 06/17/2014 which revealed at L5-S1, there was a focal disc protrusion indenting the thecal sac with concurrent hypertrophy of the bilateral facets and ligamentum flava. The disc measurements equaled 4.0 mm in neutral which was the same as the prior examination. There was a degenerative grade 1 anterolisthesis of L5 on S1. The transiting and exiting nerve roots were unremarkable. The documentation of 09/08/2014 revealed a handwritten note that was hand written and difficult to read. There was no rationale or Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Laminectomy, decompression of nerve root, foraminotomy, microdiscectomy at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to include findings of legible, objective clinical findings and imaging, and electrophysiologic evidence to support the necessity for surgical intervention. There was a lack of an electrodiagnostic study provided for review. There was a lack of documentation of an exhaustion of conservative care. There was a lack of documentation indicating recent objective findings upon physical examination. Given the above, the request for associated services: laminectomy, decompression of nerve root, foraminotomy, microdiscectomy at L5-S1 is not medically necessary.