

<b>Case Number:</b>	CM14-0188710		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/30/2014
<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 60-year-old female who reported an injury on 03/16/2012. The mechanism of injury occurred while the injured worker was working at a dog kennel moving a puppy. A larger dog came and knocked her backward. Diagnosis included lower back pain. Her treatments included an epidural steroid injection x 3, physical therapy, and medication. The clinical notes dated 10/28/2013 examination of the lumbar spine revealed mild distress and gait very slow and somewhat stiff legged. The injured worker was able to walk on heels and toes but balance was mildly off. The injured worker was able to put her fingertips within 2 inches to the floor. The lumbar examination was 50% of normal which caused increased back pain. Lateral flexion to the right was somewhat more painful than the left, produced pain upon buttocks and upper part of the leg. The straight leg raise was positive at 80 degrees. Lasegue's sign was negative. Motor strength was intact. Sensation was greatly reduced to the bilateral lower extremities but symmetric in fashion. Deep tendon reflexes were 2/4 to the knees and ankles bilaterally. Her medication included Codeine as needed; however, no muscle relaxants or anti-inflammatory agents. The MRI dated 07/11/2014 to the lumbar spine revealed mild left neural foraminal stenosis and minimal to mild central canal stenosis seen at the L4-5 secondary to a 6.5 mm left paracentral broad based disc herniation. Minimal central canal stenosis, mild right neural foraminal stenosis and minimal left neural foraminal stenosis was seen at the L3-4 secondary to a 5.0 mm right paracentral broad based disc herniation. The treatment plan included a far right L3-L4 discectomy and left L4-L5 discectomy. The request for authorization dated 12/22/2014 was submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Far lateral right L3-L4 discectomy and left L4-5 discectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** The request for far lateral right L3-L4 discectomy and left L4-5 discectomy is not medically necessary. The California MTUS/ACOEM state that surgical consultation is indicated for injured workers who have severe and disabling lower extremity symptoms in a distribution consistent with abnormalities on diagnostic studies, preferably with accompanying objective signs of neuro compromise; activity limitations due to the radiculating leg pain for more than 1 month or extreme progression of lower extremity symptoms; clear clinical, imaging, and electrodiagnostic evidence of a lesion that has been shown to benefit in both the short and long term for surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. Direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. Chemonucleolysis with chymopapain is an example of an indirect method. Indirect chemical methods are less efficacious and have rare but serious complications (e.g., anaphylaxis, arachnoiditis). Percutaneous discectomy is not recommended because proof of its effectiveness has not been demonstrated. Recent studies of chemonucleolysis have shown it to be more effective than placebo, and it is less invasive, but less effective, than surgical discectomy; however, few providers are experienced in this procedure because it is not widely used anymore. Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear. Given the extremely low level of evidence available for artificial disk replacement or percutaneous endoscopic laser discectomy (PELD), it is recommended that these procedures be regarded as experimental at this time. The documentation did not show evidence that the patient had failed conservative treatment. The clinical notes are dated from 10/28/2013. The objective findings were not consistent with the imaging studies in relation to the distribution of the dermatomes. The request is not medically necessary.