

<b>Case Number:</b>	CM14-0194124		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Minnesota. 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 44 year old female with a reported industrial injury on June 29, 2012 from lifting a box. She experienced low back pain with radiation to the right lower extremity. Per office notes dated 10/7/2014 her pain level was 5-6/10. She was ambulatory with a mild limp. Range of motion of the lumbosacral spine was diminished due to pain. A neurologic examination was not performed. She was taking naproxen 550 mg by mouth twice a day. On 7/15/14 electromyography was reported as positive for right L5 radiculopathy. On 7/25/2014 the subjective complaints included low back pain with radiation to both feet, predominantly on the left side. Prior to that her symptoms had been reported primarily on the right side. A detailed sensory examination of the lower extremities was normal. A detailed motor examination of the lower extremities was also normal. Straight leg raising was positive bilaterally. An MRI scan of the lumbar spine performed on August 20, 2013 was reported to show unchanged grade 1 retrolisthesis at L3-4, central disc protrusion with annular tear at L4-5 and mild canal stenosis. At L5-S1 there was mild bilateral neural foraminal stenosis. There was mild bilateral facet arthropathy at L4-5 and L5-S1. A prior MRI scan of 7/19/2012 was reported to show a protrusion at L4-5 level and moderate degeneration of the facets resulting in moderate central and bilateral foraminal stenosis. The MRI of 8/21/2013 was reported to show a decrease in the central disc protrusion compared to the previous MRI. Treatment has included physical therapy, chiropractic treatment, acupuncture, and a transforaminal injection. Diagnosis was L4-5 disc herniation with stenosis. On October 10, 2014 the primary treating physician requested lumbar microdiscectomy at L4-5 and a Lumbar support. The Utilization Review non certified the request on October 20, 2014, The Utilization Review non-certification was based on the California Medical treatment utilization schedule (MTUS) guidelines, American College of Occupational and Environmental Medicine (ACOEM). There was a lack of objective findings

which correlated with MRI studies. The most recent findings noted decreased range of motion and tenderness in the lumbosacral area but there was a lack of objective neurological findings of radiculopathy. The lumbosacral support was non-certified based upon the guideline requirement of compression fractures or specific treatment of spondylolisthesis or instability as indications for use of a lumbar support.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Lumbar Microdiscectomy at the Levels of L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

**Decision rationale:** California MTUS guidelines recommend surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with the abnormalities on the imaging studies, preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or 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. Many patients with strong clinical findings of nerve root dysfunction due to disc herniation recover activity tolerance within one month. With or without surgery more than 80% of patients with apparent surgical indications eventually recover. The documentation submitted does not indicate objective neurologic findings correlating with the MRI findings. Comparison of the 2 MRI scans reveals improvement in the protrusion at L4-5 on the subsequent study. Based on the absence of objective neurologic findings, the request for lumbar microdiscectomy at L4-5 is not supported and as such the medical necessity of the procedure is not established.

#### **1 Lumbar Support: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Low Back Chapter: Lumbar supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** California MTUS guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The request for a lumbar support is therefore not medically necessary.

