

<b>Case Number:</b>	CM14-0195594		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 New York. 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 patient has chronic low back pain and left leg pain. Physical examination shows left L5-S1 radicular pain and 4+ / 5 strength in knee extension, knee flexion, ankle dorsiflexion and plantarflexion, and EHL on the left side. The patient is diagnosed with lumbar degenerative disc condition and lumbar disc herniation with radiculopathy. The patient takes narcotics for pain. He also takes muscle relaxants. MRI lumbar spine shows mild degenerative findings at L5-S1 with effacement of the bilateral subarticular zones from disc bulging. There is no significant spinal stenosis. At issue is whether lumbar discectomies medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left L5-S1 microdiscectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, pages 305-308

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

**Decision rationale:** This patient does not meet MTUS criteria for lumbar disc decompression surgery. Specifically there is no clear correlation between imaging studies showing specific

compression of nerve roots and physical exam showing specific radiculopathy. There is no clear documentation of a recent trial and failure of conservative measures to include physical therapy. More conservative measures are necessary. Also, there is no correlation between imaging studies and physical examination. Criteria for lumbar discectomy surgery not met. Therefore, the request is not medically necessary.