

<b>Case Number:</b>	CM14-0196775		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 36-year-old female who reported an injury on 10/27/2013. Her diagnoses included protrusion left L4-5 with neural encroachment and radiculopathy, lumbar myofascial pain, left wrist sprain. Previous treatments included medication. Diagnostic testing included an EMG/NCV, and MRI of the lumbar spine dated 04/06/2014. On 10/06/2014, it was reported the injured worker complained of low back pain, right shoulder pain, left shoulder, and bilateral wrist/hand pain. She rated her pain 6/10 in severity. On physical examination, the provider noted the injured worker had tenderness of the lumbar spine. Lumbar range of motion was noted to be normal with flexion at 50 degrees and extension at 40 degrees. There was tenderness to the bilateral shoulders. The provider indicated the injured worker had neurological findings consistent with left L5, motor and sensory. Positive straight leg raise was noted. The MRI of the lumbar spine revealed left L4-5 no encroachment. A request was submitted for left L4-5 decompression. However, the request for authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 decompression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic

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

**Decision rationale:** The request for left L4-5 decompression is not medically necessary. The California MTUS/ACOEM Guidelines note surgical consultation is indicated for those who have severe disabling lower leg symptoms and distribution consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain, clear clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit in both short and long term from surgical repair, failure of conservative treatment to resolve any disabling radicular symptoms. The guidelines also indicate direct method of nerve root decompression include laminectomy, standard discectomy and laminotomy. Percutaneous discectomy is not recommended because proof of its effectiveness has not been demonstrated. Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse provide faster relief from the acute attack than conservative management, but any positive or negative effects on the left on the lifetime natural history of the underlying disc disease are still unclear. Given the extremely low evidence available for artificial disc replacement or percutaneous endoscopic laser discectomy it is recommended that these procedure be regarded as experimental at this time. The clinical documentation submitted failed to indicate the patient had undergone an adequate trial of conservative therapy. Additionally, the request submitted failed to provide the specific type of surgery the provider is indicating. As such, the request is not medically necessary.