

<b>Case Number:</b>	CM14-0200822		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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 53-year-old male who reported an injury due to a quick, twisting movement to avoid being struck on 10/06/2014. On 10/31/2014, his diagnostic impression included lumbar spine L5-S1 12 mm left paracentral disc protrusion associated with left lower extremity S1 radiculopathy associated with dermatomal hypoesthesia, significant weakness of the foot evertors/plantar flexors, as well as absent Achilles reflex. His complaints included constant low back pain radiating to the left leg and foot with numbness down the leg to the toes. He participated in 1 session of chiropractic care that immediately relieved his pain, which subsequently returned. The treatment plan recommendation was based on the clinical and diagnostic objective findings as noted above, that this injured worker needed an urgent outpatient microdiscectomy with spinal and left foraminal decompression to avoid any permanent damage to the S1 nerve root resulting in permanent left foot weakness. The recommendation also included the need for an assistant surgeon and preoperative medical clearance. An MRI of the lumbar spine on 10/07/2014 revealed no compression fractures or destructive changes. At L4-5, there was disc desiccation with an annular fissure and 2 mm central posterior disc protrusion indenting the anterior aspect of the thecal sac. There was no evidence of central or foraminal stenosis. At L5-S1, there was a mild degree of central stenosis secondary to a 12 mm left paracentral posterior disc extrusion causing considerable pressure over the left side of the thecal sac, as well as the left S1 nerve root. There was mild narrowing of the left neural foramina. His medications included Zolof 100 mg. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Microdiscectomy at L5-S1, Left Foraminal Decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Discectomy/ laminectomy.

**Decision rationale:** The request for Microdiscectomy at L5-S1, left foraminal decompression is not medically necessary. The California ACOEM Guidelines note that discussion of surgical options with patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4 to 6 weeks of conservative therapy is recommended. Standard discectomy or Microdiscectomy for herniated discs is recommended for the treatment of radicular pain syndrome. Spinal stenosis usually results from soft tissue and bony encroachment of the spinal canal and nerve roots. It has a gradual onset and usually manifests as a degenerative process after age 50. Surgery is rarely considered in the first 3 months after onset of symptoms, and a decision to proceed with surgery should not be based solely on the results of imaging studies. Decompression surgery for spinal stenosis when justified by imaging tests rather than patient's functional status is not recommended. The Official Disability Guidelines recommend conservative treatment prior to the consideration of surgery. Conservative treatment includes activity modification, drug therapy requiring at least one of the following: NSAID, other analgesics, muscle relaxants, and epidural steroid injections. Additionally, one of the following is also required, including: physical therapy, manual therapy, psychological screening that could affect surgical outcome, and back school. There was no evidence submitted of this injured worker participating in conservative treatment consisting of NSAID or other analgesic drug therapy, muscle relaxants, or epidural steroid injections. Additionally, it was noted that he attended 1 session of chiropractic care, which did give him relief. There was no further attempt at chiropractic care, no evidence of physical therapy treatment, or psychological screening prior to surgery. The clinical information submitted failed to meet the evidence based guidelines for the requested surgery. Therefore, this request for Microdiscectomy at L5-S1, left foraminal decompression is not medically necessary.

**Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre-Operative Medical Clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.