

<b>Case Number:</b>	CM14-0202938		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 45-year-old male who reported an injury due to bending on 12/22/2011. On 11/25/2014, his clinical assessment included low back pain and sciatica due to displacement of lumbar disc, lumbar back sprain, status post lumbar laminectomy, and radicular syndrome of the right leg. His complaints included lower back and right leg pain, rated 6/10. His symptoms were aggravated by activity and relieved by pain medications. His lumbar ranges of motion measured in degrees were forward flexion 25, extension 20 and bilateral side bending 20. He had a positive straight leg raising test of the right lower extremity at 40 degrees. He had an absent right Achilles reflex. An MRI of the lumbar spine on 08/15/2014 noted a broad based 4-5 mm disc protrusion extending into the left lateral recess abutting the descending L5 nerve root and a right lateral disc protrusion at L5-S1, which was more pronounced than seen on a prior study. It did not involve the exiting right L5 nerve root, but possibly abutted the descending right S1 nerve root. It was noted that he had not improved with NSAIDs, physical therapy, or epidural steroid injections. The rationale for the requested surgery is that this injured worker had failed nonoperative conservative treatments. There was no Request for Authorization included in his chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 laminotomy/discectomy, laminectomy:** 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 (ODG), Low Back Procedure Summary

**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 right L5-S1 laminotomy/discectomy, laminectomy is not medically necessary. The California ACOEM Guidelines note that discussion of surgical options with patients who have persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4 to 6 weeks of conservative therapy is recommended. Discectomy for herniated discs is recommended for the treatment of radicular pain syndromes. A decision to proceed with surgery should not be based solely on the results of imaging studies. The Official Disability Guidelines note that surgical discectomy is recommended for carefully selected patients with radiculopathy due to lumbar disc prolapse. Imaging studies for concordance between radicular findings on radiologic evaluation and physical exam findings should show nerve root compression at the appropriate level, lateral disc rupture, or lateral recess stenosis. Conservative treatment requires all of the following: activity modification, drug therapy, and physical therapy. On 07/21/2014, he noted improvements in his lower back pain with physical therapy, rating his pain 2/10. On 11/25/2014, it was noted that he was unable to exercise or engage in physical therapy because it worsened his symptoms, but there was no documentation of him having attempted or failed any recent physical therapy, as it had benefited him in the past. There was no documentation submitted of failed trials of muscle relaxants or chiropractic treatments. As alternative modalities of conservative treatment have not been fully exhausted, the need for the requested surgery was not demonstrated in the submitted documentation. Therefore, this request for right L5-S1 laminotomy/discectomy, laminectomy is not medically necessary.