

<b>Case Number:</b>	CM14-0203341		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/13/2014
<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 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 is a 47-year-old male with a date of injury of March 27, 2009. The patient sustained an injury to the left foot which was treated with surgery. The patient continues to have an antalgic gait and walk with a cane. The patient also has chronic low back pain. The patient has been diagnosed with L4-5 disc protrusion and radiculitis. On physical examination the patient has lumbar tenderness and decreased range of motion. Motor strength is normal straight leg raising is normal. Lumbar MRI shows L4-5 disc protrusion with lateral recess stenosis. The patient has been treated with physical therapy and epidural injections and medication. At issue is whether L4-5 decompressive surgeries are medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 Lumbar microdecompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** This patient does not meet criteria for L4-5 decompressive surgery. Specifically it is no clear correlation between physical examination and MRI imaging studies.

There is no clear documentation of radiculopathy that correlates with compression on imaging studies. They're nowhere flag indicators for spinal decompressive surgery such as fracture tumor or progressive neurologic deficit. L4-5 decompression not medically needed.