

<b>Case Number:</b>	CM15-0003549		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old male who sustained a work related injury on June 14, 2013, after slipping and falling when he lifted a [REDACTED] tree causing injury to his low back. Diagnoses made were lumbar radiculopathy, degenerative disc disease, and low back pain syndrome. Treatments included physical therapy, Magnetic Resonance Imaging (MRI), epidural spinal injections and pain medications. Before the injury, in 1998, a Magnetic Resonance Imaging (MRI) revealed a disc bulge of the lumbar spine with degenerative disc disease. Currently, on December 9, 2014, the injured worker continued to complain of constant chronic back pain with persistent numbness and tingling. Pain medications only partially helped. Magnetic Resonance Imaging (MRI) dated on December 8, 2014, revealed degenerative disc disease and mild canal stenosis of the lumbar spine, a lumbar disc bulge with partial effacement around the nerve roots. On December 11, 2013, Utilization Review non-certified a request for the authorization of a right lumbar microscopic decompression and post operative physical therapy stating it does not meet medical necessity guidelines per California MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4/5 microscopic decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), lumbar spine.

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

**Decision rationale:** MTUS criteria for lumbar decompressive surgery not met. There is no clear correlation between mri imaging showing specific compression of nerve roots and physical exam showing specific radiculopathy. Decompressive surgery is not medically needed.

**Post-op physical therapy (frequency & duration not requested):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.