

<b>Case Number:</b>	CM15-0006500		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 44-year-old male who reported an injury on 04/04/2013. A request was made in 12/2014 for low back disc surgery on an outpatient basis. The request involved lumbar spine right L5-S1 laminotomy and microdiscectomy. The mechanism of injury was stated as the injured worker was helping to lift a desk. He was diagnosed with displacement of the lumbar disc without myelopathy. Previous conservative measures included physical therapy, acupuncture, medication, and 2 epidural steroid injections, all of which provided temporary relief. The prior request was denied based on no focal deficits with normal motor, sensory, and symmetrical reflexes identified on examination. The injured worker did have S1 radiculopathy identified on EMG with an MRI dated 09/03/2013 showing an L5-S1 three to 4 mm central and right foraminal disc protrusion anterior to posterior mildly displaced traversing the right S1 nerve root without visualized nerve root compression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low Back Disk Surgery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-306.

**Decision rationale:** Under the California MTUS/ACOEM Guidelines, surgical considerations are indicated for injured workers who have severe and disabling lower leg symptoms after failure of conservative treatments have resolved radicular symptoms. In the case of the injured worker, he had undergone several different modalities of conservative treatments, with the most recent clinical documentation noting an absent ankle jerk and a positive straight leg raise identifying radicular pathology. Therefore, the requested low back disc surgery is considered a medical necessity.