

<b>Case Number:</b>	CM15-0008259		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old female sustained an industrial injury on 9/8/13, with subsequent ongoing low back pain. In a spinal surgery re-evaluation dated 11/13/14, the physician noted that magnetic resonance imaging lumbar spine (10/28/14) showed significant degenerative disc disease and disc collapse at L4-5 with 50% loss of disc height, modic endplate changes and compromise of exiting and traversing nerve roots bilaterally. Physical exam was remarkable for tenderness to palpation over the lumbar paravertebral muscles with spasms and trigger points to palpation. Range of motion was diminished with bilateral lateral bend. Lasegues's, Cram's and sciatic notch signs were positive on the right. Straight leg raise was positive bilaterally. Reflexes were intact. Sensation was decreased on the right. The physician's impression was severe lumbar spine degenerative disc disease with stenosis and disc herniation at L4-5, lower extremity radiculopathy, low back pain and failure to respond to extensive noncertified-surgical treatment. The physician noted that the injured worker continued to have weakness and constant pain. The treatment plan included requesting authorization for lumbar decompression of L4 - L5. On 12/15/14, Utilization Review noncertified a request for lumbar decompression of L4 - L5 and pre-operative clearance citing ACOEM surgical guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar decompression of L4 - L5:** 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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Discectomy/laminectomy

**Decision rationale:** CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note from 11/13/14 does not document progressive symptoms or a clear lumbar radiculopathy. In addition there is no formal MRI report. Therefore the guideline criteria have not been met and determination is for non-certification.

**Pre-operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

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