

<b>Case Number:</b>	CM15-0101885		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/29/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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:

The injured worker's date of birth was not documented in the medical records. He had a reported date of injury of 12/29/2014. The diagnoses include bilateral lumbar radiculitis, lumbar axial pain due to exacerbation of nerve root impingement secondary to old L5 pars fracture, and moderate to severe lumbar disc disease. Treatments to date have included aquatic therapy; land-based physical therapy; oral medications; and an MRI of the lumbar spine on 02/24/2015, which showed bilateral L5 pars defect with foraminal disc protrusion towards the left, and displacement and impingement of the right L5 nerve root and mild left neural foraminal narrowing. The medical report dated 05/06/2015 indicates that the injured worker has had constant pain across the lower lumbar region with intermittent numbness and pain into the bilateral gluteal region with associated sharp pain into the lateral thigh and lateral calves bilaterally. The physical examination showed no areas of tenderness to palpation in the lumbar region, decreased active range of motion, positive bilateral straight leg raise, diffuse non-dermatomal decrease in sensation in the bilateral lower limbs, and 2+ muscle stretch reflexes in the patella and Achilles bilaterally. It was noted that the injured worker has had about a five-month history of low back pain and bilateral lower limb neuropathic pain. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested spinal decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, Chronic Pain Treatment Guidelines. 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): 308-310. Decision based on Non-MTUS Citation ODG Low Back, discectomy/laminectomy criteria.

**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 from 5/6/15 does not document progressive symptoms or a clear lumbar radiculopathy. Therefore, the guideline criteria have not been met, the request is not medically necessary, and determination is for non-certification.