

<b>Case Number:</b>	CM15-0107668		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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  
 Certification(s)/Specialty: Neurological 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 70 year old male injured worker suffered an industrial injury on 09/19/2014. The diagnoses included degeneration of the lumbar intervertebral disc, displacement of the lumbar intervertebral disc without myelopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with physical therapy. On 4/21/2015, treating provider reported low back pain with pain in the right leg down to the foot that had numbness. On exam, there was tenderness to the lumbar spine that was moderate with pain that was diffuse along with reduced range of motion. There was decreased sensation along the right lateral leg and foot. The treatment plan included Right L4-L5 and L5-S1 Micro Lumbar Discectomy with Removal of Spinal Lamina, Microsurgical Techniques, Fluoroscopy and Tissue Grafts, Hospital Stay, PA Assistant, Pre-Operative Medical Clearance, and TLSO for the Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 and L5-S1 micro lumbar discectomy with removal of spinal lamina, microsurgical techniques, fluoroscopy and tissue graft: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, Laminectomy/laminotomy; The National Center for Biotechnology Information.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-07.

**Decision rationale:** The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not provide this evidence. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment Right L4-L5 and L5-S1 Micro Lumbar Discectomy with Removal of Spinal Lamina, Microsurgical Techniques, Fluoroscopy and Tissue Grafts is not medically necessary and appropriate.

**Associated surgical services: Hospital stay (23-hours): 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.

**Associated surgical services: PA assistant: 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.

**Pre-operative medical 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.

**Associated surgical services: TLSO for the lumbar spine:** 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.