

<b>Case Number:</b>	CM15-0147389		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Oregon, 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 69-year-old female with an industrial injury dated 10-06-2011. Her diagnoses included severe lumbar stenosis, low back pain and sciatica. Prior treatment included epidural steroid injection to neck and back, physical therapy and medications. Comorbidities include hypercholesterolemia and hypertension. She presented on 06-17-2015 with complaints of constant neck pain radiating down her shoulders and arms, worse in her left side. She also had lower back pain radiating down her buttocks. She rated the pain as 5-6 out of 10. She reports the symptoms are constant. MRI of the lumbar spine dated 05-08-2015 showed posterior disc protrusions at lumbar 3-4 and lumbar 4-5 levels and conspiring abnormalities causing canal, lateral recess and foraminal stenosis at lumbar 4-5 with nerve root abutment and displacement and possible intermittent nerve root impingement. Musculoskeletal exam noted all four extremities without tenderness. Range of motion was normal without pain or crepitus. Treatment plan included surgery. The treatment request is for bilateral L4 - L5 micro decompression with 1-day inpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4 L5 Micro Decompression with 1 day inpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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 there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. Therefore, the guideline criteria have not been met and determination is for non-certification; the request is not medically necessary.