

<b>Case Number:</b>	CM15-0182715		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 55 year old female, who sustained an industrial injury on 5-26-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement, lumbar radiculopathy, and status post L4-5 discectomy and laminotomy (1-19-2015). Initially, she had very good relief of her left leg pain for 3 months. Now, according to the progress report dated 7-30-2015, the injured worker presented with complaints of increasing leg pain. The pain is described as constant, moderate-to-severe. The current level of pain is not rated. The physical examination of the lumbar spine reveals tenderness to palpation over the paravertebral muscles, muscle spasms of the bilateral gluteus and paravertebral muscles, positive straight leg raise test, painful and restricted range of motion, markedly diminished pinwheel L5 with pain to the foot, and decreased (4 out of 5) strength of the extensor hallucis longus on the left. The current medications are not specified. Previous diagnostic testing includes MRI. MRI from 6-4-2015 shows "re-herniation of L4-5 disc with scar tissue which explains the recurrent radiculopathy". Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as off work. The original utilization review (8-21-2015) had non-certified a request for L4-L5 re-exploration and microdiscectomy, routine pre-op medical work up, and lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 re-exploration and microdisectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (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 there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. Therefore the guideline criteria have not been met and determination is not medically necessary.

**Routine pre-op medical work up:** 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.

**Lumbar support:** 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.