

<b>Case Number:</b>	CM15-0188757		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/18/2015
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Montana

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:

This is a 59 year old male who sustained a work-related injury on 2-18-15. Medical record documentation on 8-12-15 revealed the injured worker was being treated for lumbar spinal stenosis and lumbar degenerative disc disease at L4-L5 and L5-S1. He reported 80% improvement of his symptoms for three days following 7-17-15 lumbar transforaminal epidural steroid injection. His pain then was worse than it had been prior to the injections. He reported pain that radiated from his low back to the left hip and down the right leg to the level of the calf. He reported numbness in the bilateral soles of his feet and stabbing pain in the bilateral hip regions. His pain was rated 7-8 on a 10-point scale (7-8 on 5-22-15 and 4-20-15). His medications included Norco, Neurontin and Elavil. Previous use of Ibuprofen provided minimal relief. Objective findings included decreased strength in the lower extremities at 4+ - 5. He had decreased sensation in the bilateral lower extremities in the calf region and soles of his bilateral feet. Deep tendon reflexes were 1+ to the lower extremities. An MRI of the lumbar spine on 3-9-15 was documented by the evaluating physician as revealing grade I anterolisthesis of L4-L5 with a disc bulge superimposed on ligamentum flavum hypertrophy and facet degenerative changes with moderate to severe central spinal stenosis and mild neural foraminal encroachment. The radiology report was not included in the submitted documentation. A request for discectomy of L4-L5 with assistant for surgery, inpatient stay for one day and pre-operative chest x-ray was received on 8-31-15. On 9-3-15 the Utilization Review physician determined discectomy of L4- L5 with assistant for surgery, inpatient stay for one day and pre-operative chest x-ray was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Discectomy L4-L5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The California MTUS guidelines recommend lumbar surgery if there is severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The requested treatment: Discectomy L4-L5 is not medically necessary and appropriate.

**Associated surgical service: In patient stay for 1 day:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Assistant for surgery:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-op chest X-ray:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.