

<b>Case Number:</b>	CM15-0190930		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 35 year old female, who sustained an industrial injury on 04-25-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for herniation of lumbar intervertebral disc with radiculopathy. Treatment and diagnostics to date has included physical therapy, epidural injections, and medications. Lumbar spine MRI report dated 05-06-2014 noted "discogenic disease of lumbar spine at L4-5 and L5-S1. L4-5 in particular, there is a left paracentral broad-based disc protrusion, compressing the left L5 nerve root within the lateral recess". After review of progress notes dated 06-18-2015 and 07-10-2015, the injured worker reported low back pain and noted her worst pain as 8 out of 10. Objective findings included positive left lower extremity straight leg raise test, numbness to left lateral thigh and left calf, and lumbar spine tenderness. The request for authorization dated 07-20-2015 requested laminotomy, laminectomy, or discectomy to left L4-5. The Utilization Review with a decision date of 09-08-2015 non-certified the request for spinal surgery treatment: laminotomy, laminectomy, or discectomy L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal surgery treatment: Laminotomy, laminectomy, or discectomy L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/17/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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 for non-certification.