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| <b>Case Number:</b>   | CM15-0191634 |                              |            |
| <b>Date Assigned:</b> | 10/05/2015   | <b>Date of Injury:</b>       | 04/29/2015 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2015 |

### 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: Minnesota, Florida  
 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:

This is a 37-year-old male with a date of industrial injury 4-29-2015. The medical records indicated the injured worker (IW) was treated for lumbar muscle strain and radicular pain, numbness and tingling of the skin. In the progress notes (8-25-15), the IW reported low back pain radiating to both legs rated 3 out of 10, with intermittent numbness in both legs. The pain had improved to 1 to 2 out of 10 as noted on 9-1-15. He denied bowel or bladder dysfunction. On examination (8-25-15 and 9-1-15 notes), there was no tenderness to the low back and straight leg raise was negative. Muscle tone and power was normal in the bilateral lower extremities and deep tendon reflexes were symmetrical. There were no sensory deficits. The IW was on modified duty. Treatments included physical therapy (at least 12 sessions), home exercise program, NSAIDs and acupuncture. MRI of the lumbar spine on 7-29-15 showed a slight congenital narrowing of the lower lumbar spinal canal; compression of the left S1 nerve root and mild stenosis at L4-L5. A Request for Authorization was received for spinal surgery, aspiration or decompression procedure, lumbar decompression and micro-discectomy at L5-S1. The Utilization Review on 9-16-15 non-certified the request for spinal surgery, aspiration or decompression procedure, lumbar decompression and micro-discectomy at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal surgery, Aspiration or decompression procedure, lumbar, lumbar decompression and micro-discectomy at L5-S1: Upheld**

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

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

**Decision rationale:** The injured worker is a 37-year-old male with a date of injury of 4/29/2015. He complains of low back pain radiating to both legs with intermittent numbness. The pain has progressively improved since the injury. Progress notes dated 9/1/2015 document a pain level of 1-2/10 and no neurologic deficit. MRI scan of the lumbar spine from 7/29/2015 had revealed slight congenital narrowing of the spinal canal, mild stenosis at L4-5 and compression of the left S1 nerve root. The current request pertains to aspiration or decompression procedure, lumbar, lumbar decompression and microdiscectomy at L5-S1. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. In this case there is improvement documented but no pain levels at this time and no neurologic findings. EMG and nerve conduction studies have not been performed. As such, the request for surgery is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated, therefore is not medically necessary.