

<b>Case Number:</b>	CM15-0209370		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 25 year old male with an industrial injury date of 10-16-2012. Medical record review indicates he is being treated for sacral 1 radiculopathy and severe de-conditioning. Subjective complaints (09-02-2015) included low back pain, "sharp, constant" rated as 3-8 out of 10 worse with sitting, bending, lifting and prolonged position. The pain is described as better with medication, rest, lying and stretching. Associated symptoms included radiating pain to the left foot and numbness in both feet. The treating physician noted: "The patient has failed 3 years of conservative care and has a radiculopathy at the same level as his symptoms." Work status (09-02-2015) is documented as modified. Objective findings (09-02-2015) included sensation diminished in the left leg. There was pain to palpation along the lumbar paraspinal muscles. Straight leg raising was negative. Prior diagnostics are documented as follows (in 04-17-2015 note): MRI (12-06-2012) of lumbar spine - is documented as a central and left paracentral lumbar 5-sacral 1 extrusion of indeterminate duration. There was a 4 mm of retrolisthesis seen in lumbar 5 on sacral 1 with no defect in the pars interarticularis. There was close proximity to if not contact of the left sacral 1 nerve root with no stenosis. Acute interspinous ligament strain was seen at lumbar 4-5. Electro diagnostic study (01-30-2013) - was interpreted as mild left sacral 1 radiculopathy. Prior treatment included at least 8 sessions of physical therapy, medications, injection in the back, brace and TENS unit. On 09-23-2015 the request for lumbar 5-sacral 1 discectomy was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 discectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-Discectomy/Laminectomy.

**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. The MRI from 12/6/12 does not show significant nerve root compression and/or displacement. Therefore the guideline criteria have not been met and determination is for non-certification. The request is not medically necessary.