

<b>Case Number:</b>	CM15-0025789		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/24/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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

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 21-year-old female who sustained a work related injury February 24, 2013. While lifting boxes weighing approximately 20-40 pounds, she experienced sharp stabbing pain in her lower back. She was initially treated with ointment and rest. According to a secondary treating physician's neurosurgical evaluation dated January 5, 2015, the injured worker presented ambulatory for examination. Her trunk range of motion has slight limitation on extension, otherwise intact. Her strength examination has pain related weakness toward the left leg; strength is 5/5 throughout. Sensation is reportedly diminished to light touch in the left L5 and S1 dermatomal distribution; reflexes are trace throughout. A new MRI (dated November 21, 2014, report present in medical record) shows persistent disc herniation at L4-5 and L5-S1 with moderate discogenic changes at the L4-5 level and mild at the L5-S1 level. There is a large annular tear and disc herniation at L4-5 and bilateral foraminal stenosis and compression of the traversing nerve roots. The physician documents that she has undergone physical therapy, chiropractic care, acupuncture, medication management and injections. Recommendation included a request for authorization for L4-S1 bilateral laminar foraminotomy and microdiscectomy. According to utilization review dated January 13, 2015, the request for L4-S1 Bilateral Laminar Foraminotomy and Microdiscectomy is non-certified, citing ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 Bilateral Laminar Foraminotomy and Microdiscectomy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Discectomy/laminectomy.

**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 is evidence from the exam note of 1/5/15 of a clear lumbar radiculopathy correlating with the MRI of 11/21/14. The patient has failed nonsurgical management and is an appropriate candidate for the requested bilateral foraminotomy and microdiscectomy. Therefore, the guideline criteria have been met and the request is medically necessary.