

<b>Case Number:</b>	CM15-0211068		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 6-26-2014. The injured worker was diagnosed as having lumbar disc herniation with radiculopathy. Treatment to date has included diagnostics, physical therapy, epidural; steroid injection, and medications. On 10-08-2015, the injured worker complains of low back and left leg pain, aggravated by walking. Pain was not rated. He was currently working. He reported that Norco 7.5mg was not helping him, taking an average of 2 per day. He reported that "pain is worse as time has gone by". Physical exam noted decreased range of motion, tenderness, pain and spasm in the lumbar spine. "Sensory deficit" and "abnormal" straight leg raise test was noted. His work status was for modified activity at work if available. Magnetic resonance imaging of the lumbar spine (5-18-2015) showed straightening of normal lordotic curvature, usually secondary to muscle spasm, disc desiccation at L4-L5 level, moderately significant degree of central canal stenosis, secondary to a broad-based asymmetric posterior disc protrusion-extrusion, causing pressure over the transiting left L5 nerve root, and mild pressure over the right L5 nerve root. On 10-14-2015 Utilization Review non-certified a request for microdiscectomy left L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Microdiscectomy Left L4-5: Upheld**

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

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

**Decision rationale:** The primary treating physician's progress report dated 10/8/2015 indicates that the injured worker is a 36-year-old male with date of injury of 6/26/2014. The documentation indicates that he had undergone 2 MRI scans for low back and left leg pain. He had seen Spine Surgery and was offered microdiscectomy surgery. On examination he had decreased range of motion of the lumbar spine with tenderness, pain, and spasm. A sensory deficit was present but the distribution is not specified. Straight leg raising was abnormal. A consultation from the department of spinal surgery dated 10/7/2015 is noted. Neurologic examination revealed an antalgic gait. Sensory examination revealed no obvious abnormalities of light touch sensation throughout bilateral upper and lower extremities. Outside MRI revealed L4-5 disc degeneration with left greater than right bulging causing elevation of the left side nerve root. The MRI report pertaining to the lumbar spine dated 5/20/2015 is noted. At L4-5 there was disc desiccation. There was a moderately significant degree of central stenosis secondary to a broad-based asymmetric posterior disc protrusion/extrusion which at its maximum on the left side measured 4 mm and was causing pressure over the transiting left L5 nerve root. There was also mild pressure over the right L5 nerve root. The posterior and posterior lateral disc/endplate configuration at L5-S1 appeared to be normal and neural foramina and subarticular gutters appeared to be intact. EMG and nerve conduction studies have not been submitted. A request for microdiscectomy at L4-5 on the left was noncertified by utilization review as there was no documentation of corresponding sensory deficit and the sensory symptoms were generalized and vague. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, 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, 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 the documentation does not indicate sensory deficit which corroborates the MRI findings of a herniation at L4-5 on the left. Electrodiagnostic studies confirming the presence of radiculopathy have not been submitted. As such, there is no clinical and electrodiagnostic evidence of the same lesion that is seen on the imaging studies and requires surgical intervention. In light of the foregoing, the request for a microdiscectomy at L4- 5 on the left is not supported and NOT medically necessary.