

<b>Case Number:</b>	CM15-0036871		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Oregon, California  
Certification(s)/Specialty: Neurological 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 37-year-old male who reported an injury on 09/30/2013. The injured worker reportedly suffered a low back injury while descending a ladder. The current diagnoses include multilevel degenerative disc disease and lumbar degenerative disc disease with disc herniation. The injured worker presented for a neurosurgery consultation on 11/17/2014. The patient reported persistent low back pain with numbness in the lateral foot. Exacerbating factors included activity. Previous conservative treatment includes medication and physical therapy. Upon examination, there was no evidence of a motor or sensory deficit in the bilateral lower extremities. Recommendations included consideration for injection and other nonsurgical therapy. If there is a failure of nonsurgical therapy, the injured worker could consider a left L5-S1 discectomy. The injured worker elected to proceed with surgery, as he is the only provider for his family. A Request for Authorization form was then submitted on 11/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Left L5-S1 Microdiscectomy Lumbar Surgery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines recommend a discectomy/laminectomy when there is objective findings evidence of radiculopathy upon examination. Imaging studies should reveal evidence of nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy or manual therapy. In this case, it was noted that the injured worker elected to proceed with a microdiscectomy as opposed to conservative treatment, including injections. However, the Official Disability Guidelines recommend an exhaustion of conservative treatment to include an epidural steroid injection prior to lumbar surgery. There was no evidence of lumbar radiculopathy upon examination. There was no evidence of a motor or sensory deficit. Furthermore, there were no official imaging studies provided for this review. Given the above, the request is not medically necessary.