

<b>Case Number:</b>	CM15-0052853		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Illinois, California, Texas  
 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 61 year old female who sustained an industrial injury on 3/22/12. Injury occurred when she tried to move a bed away from the wall. Past medical history was positive for diabetes. Conservative treatment has included physical therapy, chiropractic treatment, acupuncture, activity modification, and medications. The 1/31/15 lumbar MRI impression documented small disc herniation at L4/5 and L5/S1 without significant mass effect and no associated stenosis. At L5/S1, there was also annular fissuring which could contribute to pain. At L4/5, there was a 3 mm anterior-to posterior disc herniation, sagging slightly caudal from the level of the disc but remaining deep to the posterior longitudinal ligament. In conjunction, there was moderate facet hypertrophy and very slight crowding of the subarticular gutters. The central canal was widely patent. Neural foramen are clear. The 2/20/14 treating physician report cited back pain radiating all the way down her left lower extremity to the foot, consistent with L5-type distribution. She had gone through extensive physical therapy and non-operative care. Physical exam documented numbness on the dorsum of her foot, good lower extremity strength, and mildly positive straight leg raise. MRI was reviewed and showed bilateral lateral recess stenosis at L4/5 with subtle compression around the L5 nerve root in the lateral recess. The diagnosis was lumbar radiculopathy. She was scheduled for an epidural steroid injection but wanted to proceed to surgery. Authorization was requested for left sided L4/5 decompression with possible microdiscectomy on the left. The 3/10/15 utilization review non-certified the request for left L4/5 decompression with possible microdiscectomy and 23-hour ambulatory stay as clinical indications for surgery were not met.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Spine Surgery Left (Lumbar) L4-L5 Decompression with possible Microdiscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i;½ Lumbar & Thoracic, Discectomy/Laminectomy.

**Decision rationale:** The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have not been met. This patient presents with function-limiting low back pain radiating to the left lower extremity consistent with L5 radiculopathy. Clinical exam findings did not evidence motor or reflex changes; there was numbness to the dorsum of the foot and mildly positive straight leg raise. The formal imaging report did not evidence nerve root compression. There is no evidence of electrodiagnostic study to rule-out diabetic neuropathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Given the absence of clear imaging evidence correlated with clinical exam findings, this request is not medically necessary.

**Associated surgical service: 23 Hour Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i;½ Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

