

<b>Case Number:</b>	CM13-0037753		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 33-year-old male who reported an injury on 05/06/2013. The patient is currently diagnosed with L4-5 contained extrusion with left leg radiculitis. The patient was seen by [REDACTED] on 09/30/2013. The patient reported ongoing lower back pain with left lower extremity pain. Physical examination revealed positive straight leg raise and severe pain in the left lower extremity in the L5 distribution. The patient demonstrated no motor deficits and intact reflexes. Radiographs obtained in the office on that date indicated mild narrowing at L4-5. Treatment recommendations included moving forward with surgical options.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4 Hemilaminotomy:** Upheld

**Claims Administrator 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 Chapter; AMA Guides (Radiculopathy); American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**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 Chapter.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion and failure of conservative treatment. The Official Disability Guidelines recommend a laminectomy for lumbar spinal stenosis. As per the clinical documentation submitted, the patient underwent an MRI of the lumbar spine on 06/10/2013, which indicated mild spondylosis and moderate left paracentral disc extrusion, resulting in mild to moderate left lateral recess stenosis at L4-5. The patient's latest physical examination did not reveal any neurologic deficits. The patient demonstrated no motor deficit and intact reflexes. The patient reported a decrease in pain level from a 7-8/10 to a 4/10 following physical therapy. Based on the clinical information received, the request is non-certified.

**L4-5 Microdiscectomy:** Upheld

**Claims Administrator 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 Chapter; AMA Guides (Radiculopathy); American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**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 Chapter.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS/ACOEM Practice Guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion and failure of conservative treatment. The Official Disability Guidelines recommend a laminectomy for lumbar spinal stenosis. As per the clinical documentation submitted, the patient underwent an MRI of the lumbar spine on 06/10/2013, which indicated mild spondylosis and moderate left paracentral disc extrusion, resulting in mild to moderate left lateral recess stenosis at L4-5. The patient's latest physical examination did not reveal any neurologic deficits. The patient demonstrated no motor deficit and intact reflexes. The patient reported a decrease in pain level from a 7-8/10 to a 4/10 following physical therapy. Based on the clinical information received, the request is non-certified.

**Pre-Op Labs:** Upheld

**Claims Administrator 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 Chapter; AMA Guides (Radiculopathy); American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

**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 Chapter, Preoperative lab testing.

**Decision rationale:** The Official Disability Guidelines state that pre-operative testing, including chest radiography, laboratory testing and echocardiography, is often performed before surgical procedures. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. As the patient's surgical procedure has not been authorized, the current request for pre-operative labs is also not medically necessary. As such, the request is non-certified.