

<b>Case Number:</b>	CM14-0113468		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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/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 injured worker is a 61 year old male who sustained an injury on 06/06/2011 due to a lifting injury. The injured worker has been followed for complaints of low back pain radiating to the lower extremities. Prior conservative treatment has included physical therapy as well as chiropractic treatment and epidural steroid injections. The injured worker has utilized multiple medications and also underwent facet injections. Despite conservative treatment, the injured worker has had minimal improvement in symptoms. Magnetic resonance imaging (MRI) studies of the lumbar spine from 11/08/13 noted a small amount of disc bulging at L4-5 with facet arthrosis and ligamentum flavum redundancy with mild bilateral foraminal stenosis. Electrodiagnostic studies from 12/11/13 noted evidence of a right L5 and S1 radiculopathy. The clinical report from 06/12/14 noted some improvement with opioid medications. Other medications have included anti-inflammatories and muscle relaxers. On physical examination the injured worker did ambulate with an antalgic gait. No spasms were present or tenderness to palpation of the lower lumbar region. There was limited range of motion of the lumbar spine. There was diminished sensation in an L4 distribution to the right with mild weakness on right knee extension. The requested L4-5 decompression/possible microdiscectomy was denied by utilization review on 06/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 decompression/possible microdiscectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** In review of the clinical documentation submitted, there is insufficient evidence to establish a clear diagnosis of an L4-5 radiculopathy that would support surgical intervention at the requested level. The injured worker's most recent physical examination findings were indicative of a L3-4 radiculopathy whereas electrodiagnostic studies noted evidence of an L5-S1 radiculopathy. The injured worker's imaging studies did note multilevel degenerative changes contributing to stenosis at several levels. As it is unclear what the injured worker's current pain generators are due to inconsistent physical examination and imaging findings, it is this reviewer's opinion that the proposed procedures at this point in time would not be medically necessary.