

<b>Case Number:</b>	CM14-0120125		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 33-year-old male who reported an injury on 01/10/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar radiculopathy and lumbar disc disease. Past medical treatment consists of medication therapy. Medications consist of oxycodone, ibuprofen, Neurontin, nortriptyline, and Percocet. There were no diagnostics submitted for review. On 09/09/2014 the injured worker complained of back pain. It was noted on physical examination that the injured worker had a slow, antalgic gait. No further examination was done. Treatment plan is for the injured worker to have combined decompression and stabilization of the L5-1 segment. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Combined Decompression & Stabilization of the L5-S1 Segment:** Upheld

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

**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, Decompressoion Discectomy/ laminectomy.

**Decision rationale:** The request for combined decompression and stabilization of the L5-S1 segment is not medically necessary. According to ODG, discectomy/laminectomy are recommended with the following indications: The injured worker must have a diagnosis of radiculopathy; it should be noted that the injured worker has nerve root compression; imaging studies require at least 1 of the following: MRI, CT, myelography, or CT myelography/x-ray. There should also be notation and documentation showing that the injured worker had trialed and failed conservative treatment to include NSAID therapy, muscle relaxants, and/or epidural steroid injections. There should also be notations in the submitted documentation that the injured worker failed physical therapy, manual therapy, and/or psychological screening. The submitted documentation indicated that the injured worker had a diagnosis of radiculopathy. However, there was no submitted documented evidence showing that the injured worker had trialed and failed any conservative treatment. Additionally, there were no diagnostics or imaging studies submitted for review that corroborated the diagnosis of radiculopathy. There was no documented evidence showing that the injured worker had nerve root compression at the L5-S1 segments. Furthermore, there was no indication that the injured worker had undergone any type of physical therapy, manual therapy, or psychological screening. Given the above, the injured worker is not within ODG criteria. As such, the request is not medically necessary.