

<b>Case Number:</b>	CM14-0128844		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Neurological Surgery 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 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:

According to the records made available for review, this is a 40-year-old female with a 9/16/10 date of injury. At the time (6/20/14) of request for authorization for Low Back Disk surgery, there is documentation of subjective (radiating low back pain) and objective (lumbar range of motion allowing for flexion of 70 degrees, negative straight leg raise bilaterally, and normal motor strength, sensation, and deep tendon reflexes of the lower extremities) findings, imaging findings (MRI of lumbar spine (6/9/14) report revealed L4-5, left foraminal protrusion with moderate left and mild right foraminal stenosis), current diagnoses (lumbar sprain/strain and small left foraminal disc protrusion at L4-5 with sciatica), and treatment to date (physical therapy, acupuncture, medications, and chiropractic therapy). Medical reports identify a request for left L4-5 micro lumbar discectomy and foraminotomy. There is no documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy and objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low Back Disk surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation OFFICIAL

## DISABILITIES GUIDELINES, LOW BACK (DISCECTOMY/LAMINECTOMY GUIDELINES)

**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, Discectomy/laminectomy

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; and failure of conservative treatment, as criteria necessary to support the medical necessity of laminotomy. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain and small left foraminal disc protrusion at L4-5 with sciatica. In addition, there is documentation of imaging findings (neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and failure of conservative therapy. However, despite nonspecific documentation of subjective findings (radiating low back pain) and given documentation of objective findings (lumbar range of motion allowing for flexion of 70 degrees, negative straight leg raise bilaterally, and normal motor strength, sensation, and deep tendon reflexes of the lower extremities), there is no documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy and objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms. Therefore, based on guidelines and a review of the evidence, the request for Low Back Disk surgery is not medically necessary.