

<b>Case Number:</b>	CM14-0133114		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 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:

The injured worker is a 52-year-old female who reported an injury on 03/25/2014. The injury reportedly occurred when she turned and picked up a ream of paper, feeling a pulling sensation in her low back. Her past treatments were noted to have included acupuncture, physical therapy, and medications. An MRI of the lumbar spine was performed on 04/21/2014, and was noted to reveal a central and left paracentral disc protrusion at L4-5, compressing the L5 nerve roots in the lateral recesses, left worse than right, and displacement of the left S1 nerve root posteriorly within the thecal sac. It was also noted that at L5-1, the right S1 nerve root was displaced in the right lateral recess secondary to disc bulging and mild superimposed protrusion, and there was a small annular tear/fissure. The Request for Authorization form was submitted on 07/31/2014. On 07/31/2014, the injured worker presented with complaints of low back pain with radiating symptoms to the left foot, and numbness in the lower extremities. Her physical examination revealed a positive left straight leg raise, symmetrical reflexes in the bilateral lower extremities, decreased sensation, and an unspecified distribution in dermatomes L1 to S1, and normal motor strength of the bilateral lower extremities. She was diagnosed with lumbar radiculopathy. The treatment plan included microdiscectomy of the lumbar spine at L4 to L5. Surgical intervention was recommended due to the injured worker's persistent pain in the lower lumbar region with radiculopathy into the lower extremities and evidence of disc herniation on MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Microdiscectomy of the lumbar spine at L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, spinal surgery may only be considered when serious spinal pathology and/or nerve root dysfunction has been unresponsive to at least 3 months of conservative therapy and is obviously due to a herniated disc. Documentation should show: severe and disabling radiating symptoms in a distribution consistent with abnormalities on imaging studies, as well as accompanying objective signs of neural compromise; activity limitations due to radiating extremity pain that have been present for more than 1 month, or an extreme progression of radiating symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and the failure of at least 3 months of conservative treatment to resolve disabling radicular symptoms. Additionally, the guidelines state that spinal fusion may be considered when there is clear evidence of instability. The injured worker was noted to have symptoms of low back pain with radiating symptoms into the left foot and numbness in the bilateral lower extremities. It was also noted that she had failed conservative treatment with medications, physical therapy, and acupuncture, and had significant pathology on MRI at the L4-5 level. However, her physical examination indicated there was altered sensation in the dermatomes from L1 to S2, but the specific distribution and correlating nerve roots were not specified. In addition, she was noted to have normal reflexes and motor strength. Moreover, the documentation did not indicate that she had undergone electrodiagnostic studies which confirmed radiculopathy. As the guidelines state that surgical intervention is not supported for spinal conditions without clear correlation of severe symptoms, abnormalities on imaging and electrodiagnostic testing and objective findings, the request is not supported. As such, the request is not medically necessary.