

<b>Case Number:</b>	CM14-0135843		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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:

The records presented for review indicate that this 37 year old male was reportedly injured on 2/19/2013. The mechanism of injury was noted as a work related injury when he bent over to pick up a piece of paper. The most recent progress note, dated 8/27/2014, indicated that there were ongoing complaints of low back pain that radiated into the right lower extremity. The physical examination demonstrated the patient with an antalgic gait, well healed midline surgical scar, bilateral paraspinous muscle tenderness with muscle spasm, positive straight leg raise on the right at 30 degrees, slight decrease in muscle strength on the right lower extremity compared to the left, decreased sensation in the right S1 dermatome, and diminished reflexes were on the right compared to the left. Diagnostic imaging studies included an MRI of the lumbar spine, dated 4/7/2014, which revealed an L5 to S1 scar tissue surrounding the right S1 nerve, right neural foraminal stenosis, L4 to L5 central canal stenosis and lateral recess stenosis. Previous treatment included L5 to S1 laminectomy/discectomy, therapy, medication, and conservative treatment. A request was made for lumbar decompression at L4 to L5 and was not certified in the preauthorization process on 8/8/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompression at L-4/L-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back

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

**Decision rationale:** ACOEM Practice Guidelines support a lumbar laminectomy/discectomy for the treatment of subacute and chronic radiculopathy due to ongoing nerve root compression, who continue to have significant pain and functional limitation after six weeks of conservative treatment. Review of the available medical records documents positive physical findings of decreased sensation along the S1 dermatome. Previous MRIs show no significant changes from 4/9/2013 to 4/7/2014. Agreed medical evaluator (AME) physician did not recommend surgical intervention. After reviewing practice guidelines and current medical records, there is insufficient documentation for the justification of this surgical procedure. Therefore, this request for Decompression at L-4/L-5 is not medically necessary.