

<b>Case Number:</b>	CM14-0218618		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57-year-old male who reported injury on 08/04/2014. The specific mechanism of injury was not provided. The documentation of 12/02/2014 revealed the injured worker underwent an anterior lumbar interbody fusion at L4-5 in 04/2008 for degenerative disc pain. Previously the injured worker had undergone a left L4-5 discectomy in 1991. The injured worker was noted to have physical therapy, muscle relaxants and nonsteroidal anti-inflammatories. The injured worker was noted to be a nonsmoker. The medication history included cyclobenzaprine hydrochloride 10 mg tablets, tramadol 50 mg tablets, naproxen sodium 220 mg tablets, chlorthalidone 100 mg tablets, simvastatin 10 mg and Xalatan 0.005% solution ophthalmic. The injured worker underwent an MRI of the lumbar spine dated 09/10/2014, which revealed there was residual scar tissue touching the exiting L5 nerve root at L4-5. The physical examination revealed the injured worker could heel/toe walk without weakness. In the sitting position the injured worker had a straight leg raise that was positive on the right and negative on the left. Sensation was symmetrical and intact to all dermatomes and motor power was 5/5. The diagnoses included right lumbar radiculopathy subacute, right L5-S1 herniation impinging the exiting nerve, status post anterior lumbar interbody fusion L4-5 stable and mild to moderate spinal stenosis L3. The treatment plan included a lumbar discectomy. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR MICRO DISCECTOMY, L5-S1, RIGHT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 306-308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had undergone epidural steroid injections previously. However, there was a lack of documentation of an exhaustion of conservative care. There was a lack of documentation of electrophysiologic evidence of a lesion that would support the necessity for surgical intervention. There was a lack of documentation of myotomal and dermatomal findings to support the diagnoses of radiculopathy and the need for surgery. Given the above, the request for lumbar microdiscectomy L5-S1, right, is not medically necessary.