

<b>Case Number:</b>	CM15-0001369		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Minnesota, Florida  
 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 59-year-old male, who sustained an industrial injury on August 13, 2014. The injured worker had reported a low back injury. The diagnoses have included discogenic disease of the lumbar spine and lumbar radiculopathy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, acupuncture therapy and chiropractic therapy. Current documentation dated December 8, 2014 notes that the injured worker complained of low back pain with worsening radiation to the left lower extremity. Associated symptoms included numbness and tingling of the left lower extremity. Physical examination of the lumbar spine revealed tenderness with spasms and a decreased range of motion. A straight leg raise was positive on the left. The injured worker was noted to have a wide based gait. The treating physician's plan of care included a request for a lumbar micro-decompression of L4-5 and possibly L5-S1 on the left and a facility in-patient length of stay of unknown duration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Micro-Decompression L4-5 & Possible L5-S1 Left: Upheld**

**Claims Administrator 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), Treatment Index, 12th Edition (web), 2014, Low Back, Discectomy/Laminectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307.

**Decision rationale:** California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, 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, 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 failure of conservative treatment to resolve disabling radicular symptoms. Direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. In this case, the guidelines criteria have not been met. The MRI scan does not show clear evidence of nerve root compression at the levels requested. No electrophysiologic evidence has been presented. The injured worker does not manifest severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. There are no objective signs of neural compromise. As such, the request is not supported and the medical necessity of the request has not been substantiated.

**Facility Inpatient LOS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.