

<b>Case Number:</b>	CM15-0010712		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Illinois, California, 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:

This 45 year old female sustained an industrial injury on 7/27/10, with subsequent ongoing low back pain. In a progress report dated 12/4/14, the physician noted that magnetic resonance imaging lumbar spine (9/26/14) showed left L5-S1 foraminal disc herniation with significant compression of the left L5 nerve root. The injured worker complained of left leg pain that traveled down the back of the thigh into the top of the left foot. Physical exam was remarkable for mildly positive straight leg raise. The injured worker could walk on her heels but had questionable weakness in the left extensor hallucis longus. The physician noted that he was not convinced that the injured worker had sensory issues. The treatment plan included L5-S1 Far Lateral Decompression, Discectomy, and Hemilaminectomy Lumbar Spine to help the left leg pain. On 12/23/14, Utilization Review noncertified a request for L5-S1 Far Lateral Decompression, Discectomy, and Hemilaminectomy Lumbar Spine noting no definitive motor or sensory changes and the physician's impression that the injured worker was at high risk for a poor result and citing ACOEM guidelines. Peer discussion documented agreement to proceed with selective nerve root block to confirm L5 as the pain generator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Far Lateral Decompression, Discectomy, and Hemilaminectomy Lumbar Spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 638. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery - Discectomy/Laminectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Low Back ? Lumbar & Thoracic: Discectomy/Laminectomy

**Decision rationale:** The California MTUS ACOEM guidelines recommend lumbar nerve root decompression surgery for carefully selected patients with severe and disabling lower extremity symptoms in a distribution consistent with abnormalities on imaging studies, activity limitations, clear clinical, imaging and electrophysiological evidence of a surgical lesion, and failure of conservative treatment to resolve disabling radicular symptoms. Guidelines recommend psychological screening prior to surgery. The Official Disability Guidelines recommend criteria for lumbar discectomy and laminectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have not been fully met. This patient presents with a left lower extremity radicular pain pattern consistent with imaging evidence of L5 nerve root compression. The treating physician noted questions relative to the physical exam findings. Records documented prior inconsistencies in symptoms and exam findings. Additional diagnostic procedures were reported pending. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, the request for L5/S1 far lateral decompression, discectomy, and hemilaminectomy, lumbar spine is not medically necessary at this time.