

<b>Case Number:</b>	CM15-0016174		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

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 65 year old male who sustained an industrial injury on 4/19/10. The injured worker reported symptoms in the back and lower extremities. The diagnoses included status post L5-S1 disc excision with recurrent herniation resulting in right leg pain, unresponsive to non-operative treatment. Treatments to date include epidural steroid injection, status post decompressive laminotomy on 4/5/13, physical therapy, and oral pain medications. In a progress note dated 12/17/14 the treating provider reports the injured worker was with "progressive lumbosacral spine pain and bilateral lower extremity pain, greater on the right than left." MRI lumbar spine 3/12/14 demonstrates degenerative disc disease with left foraminal disc extrusion L3/4 and postsurgical changes at L4/5. On 1/21/15 Utilization Review non-certified the request for Right L5-S1 nerve roots exploration, hemilaminectomy, facetectomy and potential disc excision at L5-S1. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 nerve roots exploration, hemilaminectomy, facetectomy and potential disc excision at L5-S1:** 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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Discectomy/Laminectomy

**Decision rationale:** CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the note from 12/17/14 does not document progressive symptoms or a clear lumbar radiculopathy. In addition the MRI from 3/12/14 does not demonstrate significant compression at the right L5/S1 level. Therefore the guideline criteria have not been met and determination is for non-certification.