

<b>Case Number:</b>	CM15-0173035		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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:

This injured worker is a 41 year old female who reported an industrial injury on 7-1-2011. Her diagnoses, and or impressions, were noted to include: lumbar disc displacement; status-post right lumbar 3-4 "lumbar L&D" surgery; lumbar 4-5 herniated nucleus pulposus with right lower extremity radiculitis. No current imaging studies were noted. Her treatments were noted to include: a panel qualified medical-legal evaluation on 9-24-2014, with supplemental medical re-evaluation report on 1-28-2015; 6 lumbar epidural blocks; H-wave therapy; intra-muscular injection therapy (3-17-15); medication management; and modified work duties. The orthopedic spine surgeon progress notes of 2-12-2015 reported continued residual symptomatology in the lumbar spine with extension into the lower extremities, right side > left; chronic pain in the low back; and that she had not undergone his recommendation, from 2 years prior, for right side lumbar 4-5 decompression surgery. Objective findings were noted to include: pain and tenderness right across the iliac crest into the lumbosacral spine; definite pain at the lumbosacral junction; right-side radicular pain in the lumbar 5 root; positive seated nerve root test; and restricted and painful lumbar range-of-motion. The physician's requests for treatments were noted to include: advisement against any further injections; the possibility for surgical intervention was not ruled-out; and that the findings of new magnetic resonance imaging studies would determine further decisions, to include the specifics of surgery planning. The progress notes of 3-17-2015 noted that magnetic resonance imaging studies were still pending. The progress notes of 6-11-2015 noted orders to schedule magnetic resonance imaging studies of the lumbar spine with private insurance. The Request for Authorization requesting right lumbar 4-5

hemi-micro-laminotomy and micro-discectomy with possible laminectomy, neural decompression, and junctional level, with surgical assistance and an inpatient stay was not noted in the medical records provided. The Utilization Review of 8-11-2015 non-certified the requests for right lumbar 4-5 hemi-micro-laminotomy and micro-discectomy with possible laminectomy, neural decompression, and junctional level, with surgical assistance and an inpatient stay.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right L4-L5 hemimicrotaminotomy and microdiscectomy with possible laminectomy as well as neural decompression and possible junctional level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**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 there are no evidence in the MRI of the lumbar spine of a significant disc herniation correlating with a clear lumbar radiculopathy from the progress notes of 6/11/15. Therefore the guideline criteria have not been met and determination is for not medically necessary.

**Associated surgical service: Assistant surgeon: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: In-patient stay (unknown number of days): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Hospital length of stay.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual: special subject, preoperative evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.